

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

RDU: Medical Assistance (74)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	561,596.9	0.0	0.0	4,815.0	0.0	0.0	556,781.9	0.0	0	0	0
1002 Fed Rcpts		382,667.7										
1003 G/F Match		102,764.9										
1004 Gen Fund		10,354.5										
1005 GF/Prgm		364.0										
1007 I/A Rcpts		1,588.5										
1037 GF/MH		29,333.1										
1108 Stat Desig		21,433.7										
1119 Tobac Setl		13,090.5										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	584,136.4	0.0	0.0	3,685.7	0.0	0.0	580,450.7	0.0	0	0	0
1002 Fed Rcpts		387,431.9										
1003 G/F Match		88,009.8										
1004 Gen Fund		14,075.0										
1005 GF/Prgm		364.0										
1007 I/A Rcpts		3,763.8										
1037 GF/MH		30,630.6										
1092 MHTAAR		1,273.0										
1108 Stat Desig		38,876.6										
1119 Tobac Setl		19,711.7										
Imported from Legislative Finance.												
Subtotal		1,145,733.3	0.0	0.0	8,500.7	0.0	0.0	1,137,232.6	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	561,596.9	0.0	0.0	4,815.0	0.0	0.0	556,781.9	0.0	0	0	0
1002 Fed Rcpts		382,667.7										
1003 G/F Match		102,764.9										
1004 Gen Fund		10,354.5										
1005 GF/Prgm		364.0										
1007 I/A Rcpts		1,588.5										
1037 GF/MH		29,333.1										
1108 Stat Desig		21,433.7										
1119 Tobac Setl		13,090.5										

Imported from Legislative Finance.

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Fund source change per sec 90(c)&(d) Ch 61, SLA 01 (SB 29) ADN 0620022												
	OthApr	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match		13,090.5										
1119 Tobac Setl		-13,090.5										

Fund source change for the Medicaid Services and Tobacco Prevention and Control components from tobacco settlement to general fund match per sections 90 (c) and (d) of Chapter 61, SLA 2001 (SB 29).

Subtotal		1,707,330.2	0.0	0.0	13,315.7	0.0	0.0	1,694,014.5	0.0	0	0	0
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***** **Changes From FY2002 Management Plan To FY2003 Governor** *****

Correct Line Item for DPH Nursing RSA & Eyeglasses

	LIT	0.0	0.0	0.0	345.0	0.0	0.0	-345.0	0.0	0	0	0
Correct the line item allocation for a portion of the Division of Public Health RSA for direct nursing services to Medicaid clients, third-party liability collections, and the purchase of eyeglasses for Medicaid recipients.												

Transfer Breast & Cervical Cancer Program from Medicaid State Programs

	Trin	589.2	0.0	0.0	0.0	0.0	0.0	589.2	0.0	0	0	0
1002 Fed Rcpts		413.4										
1003 G/F Match		175.8										

The enabling fiscal note incorrectly allocated this program to the administrative BRU of the Division of Medical Assistance. The Legislature appropriated these funds to provide services for Medicaid eligible recipients diagnosed with breast or cervical cancer. This net zero transfer merely allocates this program's funding to the BRU in which Medicaid provider services are purchased.

Transfer DSH Match Return to API

	Trout	-390.9	0.0	0.0	0.0	0.0	0.0	-390.9	0.0	0	0	0
1037 GF/MH		-390.9										

This transfer is part of a multi-year plan to transfer back to the Division of Mental Health and Developmental Disabilities (MHDD) Alaska Psychiatric Institute (API) component GF/MH that was used as general fund match under Disproportionate Share Hospital (DSH) as the federal participation for this program declines.

The base Medicaid program allows API to collect Medicaid for children ages 21 and under or the elderly over 65. In FY94 the Administration and the Legislature agreed to API's participation in DSH, which allowed federal Medicaid program payments to API for services provided to a disproportionate share of low-income patients. From FY94 to FY00, the DSH program made it possible for the State of Alaska to cut API's GF need by \$7 million per year for a total of \$49 million.

In 1998, Congress passed legislation that initiated changes to the DSH program that reduced the federal government's participation by 50 percent in FY01. The FY01 federal DSH payment to API dropped by \$4,253,975. The DSH payment will continue to be reduced in FY02 and FY03 by \$900,000 and \$630,000 respectively.

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										PFT	PPT	

To minimize the impact of these reductions, the Alaska Department of Health and Social Services and the Alaska Mental Health Trust Authority developed a budget plan to replace a portion of the DSH revenue lost to API. This request is the third transfer of funds from Medical Assistance to API.

Medicaid Formula Program Fund Change -- ProShare

	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match		18,733.7										
1108 Stat Desig		-18,733.7										

FY 2003 ProShare

Federal regulations governing ProShare payments that cap the amount of Hospital ProShare payments allowed during a fiscal year became effective in March, 2001. The Division estimates the cap for Alaska in FY03 to be \$3,000.0. This will result in a loss of \$18,733.7 in statutory designated program receipts from FY02 authorized to FY03.

Medicaid Formula Program Increment -- Growth

	Inc	277,315.3	0.0	0.0	0.0	0.0	0.0	277,315.3	0.0	0	0	0
1002 Fed Rcpts		200,591.0										
1003 G/F Match		7,876.4										
1007 I/A Rcpts		-788.5										
1108 Stat Desig		69,636.4										

This request will provide the Division of Medical Assistance the funding necessary to maintain the "base" Medicaid program services at projected levels of need for fiscal year 2003.

Medicaid's actual claims payment rate of growth has averaged about 17% since FY99. Eligible growth for that same period of time has averaged about 8% and varies significantly between eligible groups. It is expected that eligible numbers as a whole will level and decline slightly throughout FY03 as increased participation resulting from relatively recent program changes reaches a maximum saturation level.

Program expenditures continue to rise in Alaska similar to the nation-wide trend. The program's largest expenditure categories include hospitals, physician services, pharmacy, nursing homes, and waivers. The program's fastest-growing categories of expenditures include residential psychiatric treatment centers and waivers.

As a result of the projected steady increase in health care costs, a slight decline in eligible beneficiaries, and an anticipated decline in the economy, the division has calculated a negligible decrease in the average rate of growth from FY02 to FY03 in base program expenditures.

The calculation of the base Medicaid increment based on growth factors first resulted in a need of \$196,422.2 in total funds. The division is proposing refinancing options to reduce the amount of state general funds necessary to fund the program in FY03. The chart below shows the original caseload growth General Fund request and the adjustments being made to reduce the request from \$93.5 million to \$7.9 million in general funds. Ultimately the refinancing increases the total to \$277,315.3.

Medicaid Services FY03 Increment Breakout

	GF	Federal	Other	Total	Notes
Original Inc Request	93,543,982	122,400,442	(19,522,200)	196,422,224	

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Care Medicaid Services (2077)

RDU: Medical Assistance (74)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
FMAP	(10,797,210)	10,797,210		-	1)							
Public Hosp ProShare	(18,733,700)	-	18,733,700	-	2)							
AK Medicaid Fair-Share Program	(44,296,700)	49,218,500	44,296,700	49,218,500	3)							
Priv. Hosp. Refinancing	(11,840,000)	18,174,900	25,339,700	31,674,600	4)							
FY03 Increment	7,876,372	200,591,052	68,847,900	277,315,324								

Notes:

- 1) Budget based on 59.8% FMAP rate; expect Congressional fix
- 2) Existing Proshare Phase-out (see separate Change Record)
- 3) Alaska Medicaid Fair-Share Program
- 4) Private Hospital refinancing

Disproportionate Share Hospital (DSH)

Federal law reducing the amount of DSH federal funds the Alaska Psychiatric Institute is allowed to claim for low-income patients with special needs frees the balance of Alaska's DSH allotment for use by other special needs populations served by qualifying hospitals. The division estimates an increased federal fund expenditure of \$5,500.0 earmarked for DSH payments to qualifying hospitals.

REFINANCING PROPOSALS:

Alaska Medicaid Fair-Share Program

In this arrangement the division would make an additional payment of \$49,218.5 for services to Medicaid-eligible beneficiaries to hospitals operated by the Tribes, up to the payment limit applicable to Tribal hospitals. The hospitals will return 90 percent of the payment to the Medicaid program as statutory designated program receipts. These receipts can be used as match for Medicaid service payments. This results in a net savings of \$44,296.7 to GF requirements for Medicaid.

Private Hospital Refinancing

In this arrangement the division will make an additional payment of \$31,674.6 to private hospitals up to the aggregate Medicare Upper Payment Limit for private hospitals. The hospitals will retain 5 percent of the payment. The hospitals will pay for state-funded programs previously paid for with direct state grants or contracts. It is anticipated that up to 95 percent of the funds made available will be appropriated to the Medicaid Services BRU to cover the state match requirement for the Refinancing payments and other Medicaid services. This results in a net savings of \$11,840.0 to GF requirements for Medicaid.

Reduction in I/A Receipts

Receipts collected for Permanent Fund Dividend Hold Harmless activities have been reduced to reflect actual current activity as have TEFRA SED receipts. This results in a loss of \$788.5 in interagency funding.

	Totals	1,984,843.8	0.0	0.0	13,660.7	0.0	0.0	1,971,183.1	0.0	0	0	0
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Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Catastrophic and Chronic Illness Assistance (AS 47.08) (2330)

RDU: Catastrophic and Chronic Illness Assistance (AS 47 (324)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT PPT		NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1004 Gen Fund	ConfCom	4,000.0	0.0	0.0	0.0	0.0	0.0	4,000.0	0.0	0	0	0
		4,000.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1004 Gen Fund	Fn1 Auth	4,304.4	0.0	0.0	0.0	0.0	0.0	4,304.4	0.0	0	0	0
		4,304.4										
Subtotal												
		8,304.4	0.0	0.0	0.0	0.0	0.0	8,304.4	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1004 Gen Fund	ConfCom	4,000.0	0.0	0.0	0.0	0.0	0.0	4,000.0	0.0	0	0	0
		4,000.0										
Imported from Legislative Finance.												
Subtotal												
		12,304.4	0.0	0.0	0.0	0.0	0.0	12,304.4	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals												
		12,304.4	0.0	0.0	0.0	0.0	0.0	12,304.4	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Child Care Benefits (1897)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	33,102.0	0.0	0.0	20,931.7	0.0	0.0	12,170.3	0.0	0	0	0
1002 Fed Rcpts		30,102.0										
1003 G/F Match		3,000.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fnl Auth	31,602.0	0.0	0.0	19,931.7	0.0	0.0	11,670.3	0.0	0	0	0
1002 Fed Rcpts		28,602.0										
1003 G/F Match		3,000.0										
Subtotal 64,704.0 0.0 0.0 40,863.4 0.0 0.0 23,840.6 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	33,102.0	0.0	0.0	20,931.7	0.0	0.0	12,170.3	0.0	0	0	0
1002 Fed Rcpts		30,102.0										
1003 G/F Match		3,000.0										
Imported from Legislative Finance.												
Subtotal 97,806.0 0.0 0.0 61,795.1 0.0 0.0 36,010.9 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals 97,806.0 0.0 0.0 61,795.1 0.0 0.0 36,010.9 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Assistance Administration (233)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	6,766.6	1,225.0	40.3	5,131.4	10.9	9.0	350.0	0.0	18	1	0
1002 Fed Rcpts		6,028.4										
1003 G/F Match		581.1										
1004 Gen Fund		116.3										
1005 GF/Prgm		40.8										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	5,994.0	1,110.4	89.3	2,155.6	22.9	46.5	2,569.3	0.0	18	1	0
1002 Fed Rcpts		5,154.3										
1003 G/F Match		571.6										
1004 Gen Fund		215.6										
1005 GF/Prgm		39.8										
1053 Invst Loss		12.7										
Subtotal												
		12,760.6	2,335.4	129.6	7,287.0	33.8	55.5	2,919.3	0.0	36	2	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	6,766.6	1,225.0	40.3	5,131.4	10.9	9.0	350.0	0.0	18	1	0
1002 Fed Rcpts		6,028.4										
1003 G/F Match		581.1										
1004 Gen Fund		116.3										
1005 GF/Prgm		40.8										
Imported from Legislative Finance.												
Adjust federal funds: transfer to Work Services ADN 0620002												
	Trout	-300.0	0.0	0.0	-300.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-300.0										
This change transfers funding sources between components within the Public Assistance BRU. This transaction transfers \$300.0 federal authority from the PA Administration component contractual line item to the Work Services component. The funding adjustments are required to distribute federal allocations for welfare to work services to reflect the projected share of state and federal program expenditures in the respective components.												
Adjust GF Funding: Transfer from Work Services ADN 0620002												
	Trin	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		100.0										

This change transfers funding sources between components within the Public Assistance BRU. This transaction transfers \$100.0 GF to the PA

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Assistance Administration (233)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Administration component contractual line item from the Work Services component. The funding adjustments are required to distribute GF and federal allocations to reflect the projected share of state and federal program expenditures in the respective components.												
	Subtotal	19,327.2	3,560.4	169.9	12,218.4	44.7	64.5	3,269.3	0.0	54	3	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	38.9	38.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		17.1										
1003 G/F Match		16.8										
1004 Gen Fund		3.8										
1005 GF/Prgm		1.2										
	Totals	19,366.1	3,599.3	169.9	12,218.4	44.7	64.5	3,269.3	0.0	54	3	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Assistance Field Services (236)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	25,313.1	20,534.9	272.1	3,962.4	160.7	118.0	265.0	0.0	408	5	0
1002 Fed Rcpts		11,630.5										
1003 G/F Match		9,099.3										
1004 Gen Fund		2,324.1										
1007 I/A Rcpts		2,259.2										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	25,024.2	20,313.4	372.6	3,873.7	227.7	236.8	0.0	0.0	403	5	0
1002 Fed Rcpts		11,586.9										
1003 G/F Match		8,879.5										
1004 Gen Fund		2,445.3										
1007 I/A Rcpts		1,940.9										
1053 Invst Loss		171.6										
Subtotal												
		50,337.3	40,848.3	644.7	7,836.1	388.4	354.8	265.0	0.0	811	10	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	25,313.1	20,534.9	272.1	3,962.4	160.7	118.0	265.0	0.0	408	5	0
1002 Fed Rcpts		11,630.5										
1003 G/F Match		9,099.3										
1004 Gen Fund		2,324.1										
1007 I/A Rcpts		2,259.2										
Imported from Legislative Finance.												
Correct line item on conference committee ADN 06-2-0002												
	LIT	0.0	265.0	0.0	0.0	0.0	0.0	-265.0	0.0	0	0	0
This change record transfers 265.0 from the Grants line item to the Personal Services line. The Legislature increased general fund authority to partially restore reductions. The restoration was inadvertently added to the grants line. This corrects the error.												
Account for 2 Positions Established in FY2001												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0	0
An approved RP established a Eligibility Technician I/II, PCN 8621 in Ketchikan and Administrative Clerk II, PCN 06-8619 in Anchorage for caseload work in these service areas.												
Transfer in from Work Services to support PA Field Services ADN 0620002												
	Trin	175.0	175.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1003 G/F Match		175.0										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Assistance Field Services (236)
RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
This change record transfers 175.0 GFM funding from the Work Services component contractual line item to the PA Field Services personal services. This budget authority adjustment supports positions needed for welfare to work case management in PA Offices and service areas statewide.												
	Subtotal	75,825.4	61,823.2	916.8	11,798.5	549.1	472.8	265.0	0.0	1,221	15	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	688.7	688.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		313.9										
1003 G/F Match		252.0										
1004 Gen Fund		63.5										
1007 I/A Rcpts		59.3										
Denali KidCare Eligibility Unit												
	Inc	140.0	140.0	0.0	0.0	0.0	0.0	0.0	0.0	3	0	0
1007 I/A Rcpts		140.0										
An expansion of Medicaid in FY99, Denali KidCare, has helped more children from low-income working families obtain health insurance. Denali KidCare has contributed to the success of welfare reform because parents were reluctant to leave welfare for work for fear of losing health coverage for their children. Thousands of parents are now able to take a job which does not provide dependent health coverage.												
This FY2003 increment adds RSA inter-agency receipt authority that supports the Denali KidCare program. The Division of Public Assistance provides staff who determine eligibility, authorize benefits and assist Public Health staff with public program access.												
This increment funds three new Eligibility Technician I positions to the Denali KidCare Unit. These positions were needed to handle caseload work that is expected to reach 19,000 by July 2001. This increment aligns inter-agency receipt authority for full-year funding supporting current and projected Denali KidCare program caseload work.												
	Totals	76,654.1	62,651.9	916.8	11,798.5	549.1	472.8	265.0	0.0	1,224	15	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Fraud Investigation (237)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Fnl Auth	1,255.7	839.0	21.7	373.7	11.0	10.3	0.0	0.0	13	1	0
1002 Fed Rcpts		661.9										
1003 G/F Match		585.9										
1053 Invst Loss		7.9										
	Subtotal	1,255.7	839.0	21.7	373.7	11.0	10.3	0.0	0.0	13	1	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	26.9	26.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		14.3										
1003 G/F Match		11.8										
1004 Gen Fund		0.8										
	Totals	1,282.6	865.9	21.7	373.7	11.0	10.3	0.0	0.0	13	1	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Quality Control (234)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,067.6	893.3	31.2	136.7	5.6	0.8	0.0	0.0	15	0	0
1002 Fed Rcpts		486.8										
1003 G/F Match		480.8										
1004 Gen Fund		100.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	1,005.8	814.5	62.2	94.2	12.1	22.8	0.0	0.0	15	0	0
1002 Fed Rcpts		510.2										
1003 G/F Match		486.4										
1053 Invst Loss		9.2										
Subtotal 2,073.4 1,707.8 93.4 230.9 17.7 23.6 0.0 0.0 30 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,067.6	893.3	31.2	136.7	5.6	0.8	0.0	0.0	15	0	0
1002 Fed Rcpts		486.8										
1003 G/F Match		480.8										
1004 Gen Fund		100.0										
Imported from Legislative Finance.												
Subtotal 3,141.0 2,601.1 124.6 367.6 23.3 24.4 0.0 0.0 45 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	28.8	28.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		14.4										
1003 G/F Match		14.4										
Totals 3,169.8 2,629.9 124.6 367.6 23.3 24.4 0.0 0.0 45 0 0												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Assistance Data Processing (240)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	4,818.8	2,433.2	29.5	2,263.8	30.2	62.1	0.0	0.0	42	0	0
1002 Fed Rcpts		2,317.8										
1003 G/F Match		1,894.6										
1004 Gen Fund		606.4										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	4,888.4	2,262.8	59.8	2,393.5	40.2	132.1	0.0	0.0	42	0	0
1002 Fed Rcpts		2,322.1										
1003 G/F Match		1,878.0										
1004 Gen Fund		605.3										
1053 Invst Loss		20.1										
1061 CIP Rcpts		62.9										
Subtotal		9,707.2	4,696.0	89.3	4,657.3	70.4	194.2	0.0	0.0	84	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	4,818.8	2,433.2	29.5	2,263.8	30.2	62.1	0.0	0.0	42	0	0
1002 Fed Rcpts		2,317.8										
1003 G/F Match		1,894.6										
1004 Gen Fund		606.4										
Imported from Legislative Finance.												
Change Position Time Status to Part Time												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	1	0
Change time status of PCN 8359, Public Assistance Analyst I, from PFT to Part Time.												
Subtotal		14,526.0	7,129.2	118.8	6,921.1	100.6	256.3	0.0	0.0	125	1	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	77.8	77.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		37.3										
1003 G/F Match		31.1										
1004 Gen Fund		9.4										

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Public Assistance Data Processing (240)
RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	Totals	14,603.8	7,207.0	118.8	6,921.1	100.6	256.3	0.0	0.0	125	1	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Work Services (2337)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	15,618.1	433.4	160.3	10,956.4	4.7	10.0	4,053.3	0.0	7	0	0
1002 Fed Rcpts		11,543.7										
1003 G/F Match		2,432.9										
1004 Gen Fund		1,281.5										
1007 I/A Rcpts		360.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	15,273.9	426.1	230.3	9,360.5	546.7	28.0	4,682.3	0.0	7	0	0
1002 Fed Rcpts		9,682.0										
1003 G/F Match		2,431.5										
1004 Gen Fund		1,281.6										
1007 I/A Rcpts		1,876.7										
1053 Invst Loss		2.1										
<hr/>												
	Subtotal	30,892.0	859.5	390.6	20,316.9	551.4	38.0	8,735.6	0.0	14	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	15,618.1	433.4	160.3	10,956.4	4.7	10.0	4,053.3	0.0	7	0	0
1002 Fed Rcpts		11,543.7										
1003 G/F Match		2,432.9										
1004 Gen Fund		1,281.5										
1007 I/A Rcpts		360.0										
Imported from Legislative Finance.												
Adjust Federal funding: Transfer in from PA Administration ADN 0620002												
	Trin	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		300.0										
This change transfers funding sources between components within the Public Assistance BRU. This transaction transfers \$300.0 federal authority from the PA Administration component contractual line item to the Work Services component. The funding adjustments are required to distribute federal allocations for welfare to work services to reflect the projected share of state and federal program expenditures in the respective components.												
Adjust GF Funding: Transfer to PA Administration ADN 0620002												
	Trout	-100.0	0.0	0.0	-100.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		-100.0										

This change transfers funding sources between components within the Public Assistance BRU. This transaction transfers \$100.0 GF to the PA

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Work Services (2337)

RDU: Public Assistance Administration (76)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
Administration component contractual line item from the Work Services component. The funding adjustments are required to distribute GF and federal allocations to reflect the projected share of state and federal program expenditures in the respective components.												
Transfer to support PA Field Services ADN 0620002												
1003 G/F Match	Trout	-175.0	0.0	0.0	-175.0	0.0	0.0	0.0	0.0	0	0	0
This change record transfers 175.0 GFM funding from the Work Services component contractual line item to the PA Field Services personal services. This budget authority adjustment supports positions needed for welfare to work case management in PA Offices and service areas statewide.												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
1003 G/F Match	SalAdj	13.9	13.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

Totals												
		46,549.0	1,306.8	550.9	31,298.3	556.1	48.0	12,788.9	0.0	21	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: McLaughlin Youth Center (264)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	11,996.6	9,918.0	3.2	887.5	870.5	3.0	314.4	0.0	160	3	0
1002 Fed Rcpts		10.0										
1004 Gen Fund		11,427.1										
1007 I/A Rcpts		400.0										
1037 GF/MH		159.5										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	11,138.3	8,974.2	16.9	891.1	796.7	104.7	354.7	0.0	160	3	0
1002 Fed Rcpts		10.0										
1004 Gen Fund		10,537.0										
1007 I/A Rcpts		365.3										
1037 GF/MH		159.5										
1053 Invst Loss		66.5										
<hr/>												
	Subtotal	23,134.9	18,892.2	20.1	1,778.6	1,667.2	107.7	669.1	0.0	320	6	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	11,996.6	9,918.0	3.2	887.5	870.5	3.0	314.4	0.0	160	3	0
1002 Fed Rcpts		10.0										
1004 Gen Fund		11,427.1										
1007 I/A Rcpts		400.0										
1037 GF/MH		159.5										
Imported from Legislative Finance.												
Transfer 1 PFT position to Probation Svcs ADN 0620002												
	Trout	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
Transfer to the Probation Services component Anchorage mental health related Juvenile Probation Officer position (06-?082).												
<hr/>												
	Subtotal	35,131.5	28,810.2	23.3	2,666.1	2,537.7	110.7	983.5	0.0	479	9	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	325.7	325.7	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		325.7										

Increased Fuel Costs

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: McLaughlin Youth Center (264)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1004 Gen Fund	Inc	6.3	0.0	0.0	6.3	0.0	0.0	0.0	0.0	0	0	0
		6.3										
In an effort to acknowledge Alaska's rising fuel costs, OMB requested estimated fuel cost increases FY02 - FY03 from all departments, and then approved small general fund increment requests for those components where fuel costs were already budgeted. In the case of the McLaughlin Youth Center fuel costs are split between natural gas for heating the facility, and gasoline for MYCs several State vehicles.												
Totals		35,463.5	29,135.9	23.3	2,672.4	2,537.7	110.7	983.5	0.0	479	9	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Mat-Su Youth Facility (2339)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT PPT NP		
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,430.8	1,115.5	2.0	92.3	95.0	106.0	20.0	0.0	19	3	0
1004 Gen Fund		1,415.8										
1007 I/A Rcpts		15.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	1,311.1	884.0	6.8	153.8	136.0	109.3	21.2	0.0	19	3	0
1002 Fed Rcpts		132.2										
1004 Gen Fund		1,171.7										
1053 Invst Loss		7.2										
Subtotal												
		2,741.9	1,999.5	8.8	246.1	231.0	215.3	41.2	0.0	38	6	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,430.8	1,115.5	2.0	92.3	95.0	106.0	20.0	0.0	19	3	0
1004 Gen Fund		1,415.8										
1007 I/A Rcpts		15.0										
Imported from Legislative Finance.												
Subtotal												
		4,172.7	3,115.0	10.8	338.4	326.0	321.3	61.2	0.0	57	9	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	36.4	36.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		36.4										
Totals												
		4,209.1	3,151.4	10.8	338.4	326.0	321.3	61.2	0.0	57	9	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Fairbanks Youth Facility (265)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	2,885.2	2,262.6	10.5	247.0	295.1	0.0	70.0	0.0	37	1	0
1002 Fed Rcpts		46.2										
1004 Gen Fund		2,682.3										
1007 I/A Rcpts		76.8										
1037 GF/MH		79.9										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	3,020.0	2,338.6	10.3	306.7	269.7	8.0	86.7	0.0	37	1	0
1002 Fed Rcpts		45.8										
1004 Gen Fund		2,801.4										
1007 I/A Rcpts		76.6										
1037 GF/MH		80.2										
1053 Invst Loss		13.7										
1108 Stat Desig		2.3										
Subtotal												
		5,905.2	4,601.2	20.8	553.7	564.8	8.0	156.7	0.0	74	2	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	2,885.2	2,262.6	10.5	247.0	295.1	0.0	70.0	0.0	37	1	0
1002 Fed Rcpts		46.2										
1004 Gen Fund		2,682.3										
1007 I/A Rcpts		76.8										
1037 GF/MH		79.9										
Imported from Legislative Finance.												
Subtotal												
		8,790.4	6,863.8	31.3	800.7	859.9	8.0	226.7	0.0	111	3	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	74.6	74.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		1.5										
1004 Gen Fund		71.1										
1037 GF/MH		2.0										
Increased Fuel Costs												
	Inc	4.5	0.0	0.0	4.5	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Fairbanks Youth Facility (265)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1004 Gen Fund		4.5										
<p>In an effort to acknowledge Alaska's rising fuel costs, OMB requested estimated fuel cost increases FY02 - FY03 from all departments, and then approved small general fund increment requests for those components where fuel costs were already budgeted. In the case of the Fairbanks Youth Facility fuel costs are split between heating oil and motor fuel for FYF's state vehicles.</p>												
	Totals	8,869.5	6,938.4	31.3	805.2	859.9	8.0	226.7	0.0	111	3	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Bethel Youth Facility (268)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	2,174.5	1,820.0	10.6	160.0	153.4	0.7	29.8	0.0	23	1	0
1004 Gen Fund		2,076.2										
1007 I/A Rcpts		48.3										
1037 GF/MH		50.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	2,151.6	1,767.0	13.1	193.9	118.5	10.7	48.4	0.0	22	1	0
1004 Gen Fund		2,051.5										
1007 I/A Rcpts		38.6										
1037 GF/MH		50.0										
1053 Invst Loss		11.5										
Subtotal												
		4,326.1	3,587.0	23.7	353.9	271.9	11.4	78.2	0.0	45	2	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	2,174.5	1,820.0	10.6	160.0	153.4	0.7	29.8	0.0	23	1	0
1004 Gen Fund		2,076.2										
1007 I/A Rcpts		48.3										
1037 GF/MH		50.0										
Imported from Legislative Finance.												
Transfer funding for JPO position from Delinquency Prevention ADN 0620002												
	Trin	74.0	74.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		74.0										

This transfers federal funds to establish a Juvenile Probation office in Bethel (PCN 06-#138). The JPO provides a range of services including probation supervision, providing liaison with community agencies and the courts; providing drug and alcohol screening; participating in crisis, individual, group and family counseling and education and making referrals to community agencies and vocational programs; providing on-site monitoring with schools, work programs, etc.

The Yukon-Kuskokwim Delta region has been in crisis relative to their youth population for several years. While this crisis manifests itself in a number of ways in the region, for the Division of Juvenile Justice it has resulted in a large number of referrals to the Division's Probation Office and an overcrowded Bethel Youth Facility. The Division has increased resources in the region through grants for community based services and the establishment of Youth Courts and Community Panels in an attempt to stem the flow of juveniles into the system. While we believe these efforts will ultimately show positive results it has become increasing evident that more needs to be done with juveniles already in the system. This additional juvenile probation position will bolster these efforts.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Bethel Youth Facility (268)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Add 1 PFT JPO position at the Bethel Youth Facility ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
A position adjustment is needed for a Juvenile Probation Officer in Bethel (PCN 06-#138) to align the position count with the transfer of federal funds.												
	Subtotal	6,574.6	5,481.0	34.3	513.9	425.3	12.1	108.0	0.0	69	3	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	57.8	57.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		2.2										
1004 Gen Fund		54.7										
1037 GF/MH		0.9										
	Totals	6,632.4	5,538.8	34.3	513.9	425.3	12.1	108.0	0.0	69	3	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Nome Youth Facility (266)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	684.9	491.1	5.5	95.0	50.8	0.0	42.5	0.0	7	1	0
1004 Gen Fund		684.9										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fnl Auth	755.0	581.8	4.9	83.3	67.1	1.9	16.0	0.0	7	1	0
1004 Gen Fund		751.8										
1053 Invst Loss		3.2										
<hr/>												
	Subtotal	1,439.9	1,072.9	10.4	178.3	117.9	1.9	58.5	0.0	14	2	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	684.9	491.1	5.5	95.0	50.8	0.0	42.5	0.0	7	1	0
1004 Gen Fund		684.9										
Imported from Legislative Finance.												
<hr/>												
	Subtotal	2,124.8	1,564.0	15.9	273.3	168.7	1.9	101.0	0.0	21	3	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	15.9	15.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		15.9										
LIT from Contractual to Personal Services												
	LIT	0.0	5.0	0.0	-5.0	0.0	0.0	0.0	0.0	0	0	0
Line item transfer from contractual to personal services for additional personal services costs.												
<hr/>												
	Totals	2,140.7	1,584.9	15.9	268.3	168.7	1.9	101.0	0.0	21	3	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Johnson Youth Center (267)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	2,500.1	1,686.5	20.0	252.5	271.9	107.2	162.0	0.0	30	0	0
1002 Fed Rcpts		5.1										
1004 Gen Fund		2,418.4										
1007 I/A Rcpts		76.6										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	2,534.9	1,833.8	15.6	189.8	298.3	19.7	177.7	0.0	30	0	0
1002 Fed Rcpts		5.1										
1004 Gen Fund		2,455.0										
1007 I/A Rcpts		63.2										
1053 Invst Loss		11.2										
1108 Stat Desig		0.4										
Subtotal												
		5,035.0	3,520.3	35.6	442.3	570.2	126.9	339.7	0.0	60	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	2,500.1	1,686.5	20.0	252.5	271.9	107.2	162.0	0.0	30	0	0
1002 Fed Rcpts		5.1										
1004 Gen Fund		2,418.4										
1007 I/A Rcpts		76.6										
Imported from Legislative Finance.												
Subtotal												
		7,535.1	5,206.8	55.6	694.8	842.1	234.1	501.7	0.0	90	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	54.8	54.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		0.2										
1004 Gen Fund		54.6										
Increased Fuel Costs												
	Inc	5.0	0.0	0.0	5.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		5.0										

In an effort to acknowledge Alaska's rising fuel costs, OMB requested estimated fuel cost increases FY02 - FY03 from all departments, and then approved small general fund increment requests for those components where fuel costs were already budgeted. In the case of the Johnson Youth Center fuel costs

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Johnson Youth Center (267)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
are split between heating oil and motor fuel for JYC's state vehicles.												
	Totals	7,594.9	5,261.6	55.6	699.8	842.1	234.1	501.7	0.0	90	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Ketchikan Regional Youth Facility (2413)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1004 Gen Fund	ConfCom	1,007.0	633.0	3.8	231.7	67.3	18.7	52.5	0.0	15	2	0
		1,007.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1004 Gen Fund	FnI Auth	120.9	0.0	0.5	119.6	0.0	0.8	0.0	0.0	0	0	0
		120.9										
Subtotal												
		1,127.9	633.0	4.3	351.3	67.3	19.5	52.5	0.0	15	2	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1004 Gen Fund	ConfCom	1,007.0	633.0	3.8	231.7	67.3	18.7	52.5	0.0	15	2	0
		1,007.0										
Imported from Legislative Finance.												
Subtotal												
		2,134.9	1,266.0	8.1	583.0	134.6	38.2	105.0	0.0	30	4	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
1004 Gen Fund	SalAdj	20.9	20.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
		20.9										
Annualize funding for the Ketchikan Youth Facility												
1004 Gen Fund	Inc	110.1	14.5	0.0	95.6	0.0	0.0	0.0	0.0	0	0	0
		110.1										

This increment will provide funding and positions to enable the facility to operate for the full FY2003 beginning July 1, 2002. The KRYF is scheduled to open late Fall of 2001. The 2001 Legislature authorized \$1,007.0 to operate the facility for ten months. This request provides full year funding for the Ketchikan Regional Youth Facility.

The Ketchikan Regional Youth Facility is a unique facility providing secure detention beds as well as staff-secure mental health beds in a plan that was proposed and supported by the community of Ketchikan to meet the needs of a relatively isolated medium-sized Alaska community.

Funded cooperatively by the State of Alaska and the City and Borough of Ketchikan, on land donated for the project by the borough, the contract for the project started in August 1999. Ground-breaking took place in July 2000, with facility completion expected in November 2001.

When fully operational the facility will provide secure detention services for up to 6 residents and short-term mental health housing and

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Ketchikan Regional Youth Facility (2413)

RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
assessment/stabilization services for up to four mental health residents. Facility staff and probation staff will provide for greater offender accountability and direct services to victims, families and the community. Contracted psychiatric services will include performance of diagnostic tests, evaluations and assessments; preparation of written psychiatric evaluations; general and resident-specific consultation with medical and/or counseling staff, and prescription and review of medications for juveniles.												
The average number of residents from Ketchikan in the Johnson Youth Center has ranged between 8.3 and 5.4 in the last three years.												
The regional location of the facility will enable the staff to work with residents of Ketchikan and the surrounding communities of Prince of Wales Island without transporting them to Juneau which enhances the services to the residents and provides access to and for families.												
	Totals	2,265.9	1,301.4	8.1	678.6	134.6	38.2	105.0	0.0	30	4	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Probation Services (2134)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	7,941.8	6,921.4	140.7	632.6	65.8	41.3	140.0	0.0	116	0	0
1002 Fed Rcpts		518.5										
1004 Gen Fund		7,015.3										
1108 Stat Desig		408.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	8,319.7	6,677.6	329.6	867.3	113.7	201.5	130.0	0.0	113	0	0
1002 Fed Rcpts		562.8										
1004 Gen Fund		7,437.7										
1053 Invst Loss		39.1										
1108 Stat Desig		280.1										
Subtotal												
		16,261.5	13,599.0	470.3	1,499.9	179.5	242.8	270.0	0.0	229	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	7,941.8	6,921.4	140.7	632.6	65.8	41.3	140.0	0.0	116	0	0
1002 Fed Rcpts		518.5										
1004 Gen Fund		7,015.3										
1108 Stat Desig		408.0										
Imported from Legislative Finance.												
Transfer funding for JOMIS and federal programs from Delinquency Prevention ADN 0620002												
	Trin	341.5	341.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		341.5										

In FY01, DJJ established several IT positions due to legislative and federal support (capital project) of a new Juvenile Offender Management Information System (JOMIS). Federal funds are now available to continue these positions. JOMIS requires a database administrator (PCN 06-#129) and technical support in the form of regional microcomputer/network technicians in Juneau, Fairbanks and Anchorage (PCNs: 06-4861, 06-4862, and 06-4863) established in FY01.

Juvenile Probation Officer (PCN 06-4864) will be located on the Prince of Wales Island (POW) in southeast Alaska. Currently there is not a JPO to serve the population there. The number of referrals from POW has increased in recent years.

Grants Administrator (PCN 06-#150) will assist with the Rural Alaska Juvenile Justice, Title V, Challenge, Indian Pass Through, Formula Non-Secure Shelter, Formula Prevention Intervention, Community Justice Program, Enforcing Underage Drinking Laws and Juvenile Accountability Incentive Block Grants federal programs.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Probation Services (2134)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	

These positions are funded with federal funds.

Transfer 1 PFT position from McLaughlin Youth Ctr ADN 0620002

Trin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
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Transfer from McLaughlin Youth Center to the Probation Services component Anchorage mental health related Juvenile Probation Officer position (06-?082).

Position adjustment for federal programs ADN 0620002

PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6	0	0
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In FY01, DJJ established several IT positions due to legislative and federal support (capital project) of a new Juvenile Offender Management Information System (JOMIS) Federal funds are now available to continue these positions JOMIS requires a database administrator (PCN 06-#129) and technical support in the form of regional microcomputer/network technicians in Juneau, Fairbanks and Anchorage (PCNs: 06-4861, 06-4862, and 06-4863) established in FY01.

Juvenile Probation Officer (PCN 06-4864) will be located on the Prince of Wales Island (POW) in southeast Alaska. Currently there is not a JPO to serve the population there. The number of referrals from POW has increased in recent years.

Grants Administrator (PCN 06-#150) will assist with the Rural Alaska Juvenile Justice, Title V, Challenge, Indian Pass Through, Formula Non-Secure Shelter, Formula Prevention Intervention, Community Justice Program, Enforcing Underage Drinking Laws and Juvenile Accountability Incentive Block Grants federal programs.

These positions are funded with federal funds.

Subtotal	24,544.8	20,861.9	611.0	2,132.5	245.3	284.1	410.0	0.0	352	0	0
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***** **Changes From FY2002 Management Plan To FY2003 Governor** *****

Year 3 Labor Costs - Net Change from FY2002

SalAdj	232.3	232.3	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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1002 Fed Rcpts 23.7

1004 Gen Fund 200.0

1108 Stat Desig 8.6

Increased Fuel Costs

Inc	1.8	0.0	0.0	1.8	0.0	0.0	0.0	0.0	0.0	0	0	0
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1004 Gen Fund 1.8

In an effort to acknowledge Alaska's rising fuel costs, OMB requested estimated fuel cost increases FY02 - FY03 from all departments, and then approved small general fund increment requests for those components where fuel costs were already budgeted.

LIT from Contractual to Personal Services

LIT	0.0	39.4	0.0	-39.4	0.0	0.0	0.0	0.0	0.0	0	0	0
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Line item transfer from contractual to personal services for additional personal services costs.

Child Protection: Juvenile Accountability and Community Protection

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Probation Services (2134)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1004 Gen Fund	Inc	500.0	435.6	25.0	2.4	2.0	35.0	0.0	0.0	7	0	0

The State is not meeting the public's expectation that the juvenile justice system respond immediately to juvenile crime and assist juvenile offenders and their families to make successful behavior changes. Recent changes to the State Constitution and Alaska Statutes have described the level of accountability the public expects of juvenile offenders and the efforts the offender should make toward both individual rehabilitation and victim restitution.

High Juvenile Probation Officer (JPO) caseloads

Juvenile Probation service demands are beyond current probation service resources. Holding juvenile offenders accountable for their behavior is compromised by high Juvenile Probation Officers (JPOs) caseloads. Communities, families and offenders are impacted when families and juveniles don't receive the services needed to help them learn how to change their behavior and consequently re-offend. Compounding the difficulty of high caseloads is the fact that the severity of juvenile offenses has increased and there is a high incidence of alcohol, drug, mental health and gang-related offenses among juvenile offenders.

Public Safety and Victim Services

High JPO caseloads also impact the JPOs ability to help victims. Juvenile probation officers ensure that offenders are being appropriately and consistently supervised. Lack of JPOs compromises community safety, increasing the risk to the public. Probation staff serve as the primary point of contact for victims impacted by juvenile crime. When probation staff resources are stretched too thin, victims can be put off or might not be given adequate or complete information which allows them to fully exercise their rights to participate in the juvenile justice process. 24-hour intake screening by juvenile probation officers is vital to law enforcement and public safety activities. An adequate number of JPOs provides for immediate intervention for offender accountability and supports communities in their efforts to establish clear and consistent behavioral standards.

Juvenile Probation Officer (JPO) caseloads are double the standard rate

The Alaska Juvenile Probation Field Services Resource Needs Time Study, August 2000 established a recommended caseload of between 14 and 16 cases per JPO. Alaska's caseload average is approximately 31. It would take an additional 83 juvenile probation officers to meet this standard caseload level. The National Advisory Council for Juvenile Justice and Delinquency Prevention recommended an intensive supervision caseload of 12:1.

The division proposes a multi-year plan to increase public safety and victim services and reduce JPO caseloads to 20 cases per JPO, which is still at least 25% higher than the recommended 14-16.

MULTI-YEAR PLAN LOWERS CASELOAD TO 20 PER JPO

FY 2003 adds 7 probation positions in the offices with the highest case to officer ratio.

Additional JPOs in Kenai, Homer, Valdez, Barrow, Kodiak, Anchorage, and Dillingham. Reduces statewide caseload to 28 per JPO from 31.

7 FTE JPO positions	\$435.6
Support Costs	64.4
TOTAL	500.0

FY 2004 add 29 probation positions distributed between Fairbanks (1); Nome (1); Sitka (1); Homer (1); Bethel (2); Kenai (2); Anchorage (16); Ketchikan (2) and Mat-Su (3). Reduces statewide caseload to 20 per JPO from 28.

29 FTE JPO positions	\$1,796.4
Support Costs	206.1
TOTAL	\$2,002.5

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Probation Services (2134)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
This phased juvenile probation officer caseload reduction plan would bring statewide caseload levels down to 28 in the first year and 20 in the second year.												
POSITIVE IMPACT PROBATION RESOURCES HAVE ON ALASKANS												
Juvenile Offender repairs vandalism at school. A young man in Ketchikan was referred for vandalizing the bathroom in his school. As part of the consequence coordinated by the juvenile probation officer this boy was required to work with school staff to clean and repair the damage to the school. The boy now takes a personal interest in seeing that no further vandalism occurs in "his" bathroom.												
Community restoration project and mentoring program a success in Fairbanks Several youth in Fairbanks were required to help refurbish bicycles for use by tourists and community residents after they had committed various acts of theft and vandalism. As they worked with DJJ staff and community businesses who supplied parts and labor assistance, the young offenders developed healthy bonds with adults and a sense of making a meaningful contribution to the community as recompense for their act. One youth in particular went on to secure a paid position with one of the repair shop businesses who participated in the bicycle project.												
	Totals	25,278.9	21,569.2	636.0	2,097.3	247.3	319.1	410.0	0.0	359	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Delinquency Prevention (248)
RDU: Juvenile Justice (319)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	3,292.0	0.0	125.3	1,275.5	13.5	0.0	1,877.7	0.0	0	0	0
1002 Fed Rcpts		3,203.0										
1004 Gen Fund		89.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	3,241.0	0.0	125.3	1,224.5	13.5	0.0	1,877.7	0.0	0	0	0
1002 Fed Rcpts		3,027.0										
1004 Gen Fund		89.0										
1108 Stat Desig		125.0										
Subtotal 6,533.0 0.0 250.6 2,500.0 27.0 0.0 3,755.4 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	3,292.0	0.0	125.3	1,275.5	13.5	0.0	1,877.7	0.0	0	0	0
1002 Fed Rcpts		3,203.0										
1004 Gen Fund		89.0										
Imported from Legislative Finance.												
Transfer funding for 1 PFT position to Bethel Youth Fac ADN 0620002												
	Trout	-74.0	0.0	0.0	0.0	0.0	0.0	-74.0	0.0	0	0	0
1002 Fed Rcpts		-74.0										
Funding for PCN 06-#138.												
Transfer funding for JOMIS and federal programs to Probation Svcs ADN 0620002												
	Trout	-341.5	0.0	0.0	-341.5	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-341.5										
Funding for PCNs: 06-#129, 06-4861, 06-4862, 06-4863, 06-4864, and 06-#150.												
Subtotal 9,409.5 0.0 375.9 3,434.0 40.5 0.0 5,559.1 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals 9,409.5 0.0 375.9 3,434.0 40.5 0.0 5,559.1 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Alaska Temporary Assistance Program (220)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	50,116.4	0.0	0.0	0.0	0.0	0.0	50,116.4	0.0	0	0	0
1002 Fed Rcpts		18,136.7										
1003 G/F Match		27,542.0										
1007 I/A Rcpts		4,437.7										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	64,069.3	0.0	0.0	0.0	0.0	0.0	64,069.3	0.0	0	0	0
1002 Fed Rcpts		22,375.3										
1003 G/F Match		35,592.2										
1007 I/A Rcpts		6,101.8										
Subtotal 114,185.7 0.0 0.0 0.0 0.0 0.0 114,185.7 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	50,116.4	0.0	0.0	0.0	0.0	0.0	50,116.4	0.0	0	0	0
1002 Fed Rcpts		18,136.7										
1003 G/F Match		27,542.0										
1007 I/A Rcpts		4,437.7										
Imported from Legislative Finance.												
Subtotal 164,302.1 0.0 0.0 0.0 0.0 0.0 164,302.1 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Transfer to Tribal Assistance component for Native TANF												
	Trout	-370.3	0.0	0.0	0.0	0.0	0.0	-370.3	0.0	0	0	0
1003 G/F Match		-370.3										
This change record transfers \$370.3 from the ATAP component to the Tribal Assistance component to reflect the approved actual grant plan in FY2002.												
The Tribal Assistance budget finances state grants that supplement federal TANF funding needed for the operation of Native TANF programs in Alaska. The state grant funding will be used for the purpose of providing temporary assistance benefits to eligible native families through the CCTHITA, TCC and AVCP TANF programs												
ATAP Formula Reduction of Caseloads												
	Dec	-2,604.1	0.0	0.0	0.0	0.0	0.0	-2,604.1	0.0	0	0	0
1002 Fed Rcpts		-1,402.3										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Temporary Assistance Program (220)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1007 I/A Rcpts		-1,201.8										
<p>- ATAP Caseloads Continue to Decline In FY2001, the Temporary Assistance component caseload declined to 6,123, a 49% reduction compared to FY1997, the year before welfare reform. We expect ATAP caseloads will continue an overall annual decline interrupted only by the regular upswing during the winter months as a result of Alaska's seasonal economy.</p> <p>However, it is important to note that the earliest caseload reductions are the easiest. The pace of caseload reduction is slowing since recipients remaining on the caseload are those with more serious barriers to employment. A developing factor is the nation's faltering economy and announcements of yet more layoffs. A falling economy in Alaska could result in increased demand for temporary assistance.</p> <p>- ATAP Component Cash Assistance Expenditures Spending on welfare payments is down. In FY2001 these expenditures declined to \$49.6 million. FY2002 formula ATAP expenditures are expected to decline further. Lower ATAP component expenditures can be attributed to more recipients leaving welfare for work, more recipients working, benefit cuts to two-parent families, reductions due to lower housing costs and the operation of Native TANF in three regions of the State in FY01.</p> <p>- FY2003 ATAP formula decrement This decrement of (\$2,604.1) reduces ATAP component federal authority and inter-agency receipts from PFDHH reflecting the projected sustained decline in ATAP payments formula need.</p> <p>The total state general fund request for TANF services has been reduced to the state maintenance of effort (MOE) floor. Any future, potential ATAP component surplus balance will be entirely federal and inter-agency receipt authority.</p>												
	Totals	161,327.7	0.0	0.0	0.0	0.0	0.0	161,327.7	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Adult Public Assistance (222)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	53,485.9	0.0	0.0	0.0	0.0	0.0	53,485.9	0.0	0	0	0
1002 Fed Rcpts		734.0										
1004 Gen Fund		49,229.6										
1007 I/A Rcpts		3,522.3										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	52,895.9	0.0	0.0	0.0	0.0	0.0	52,895.9	0.0	0	0	0
1002 Fed Rcpts		934.0										
1004 Gen Fund		48,524.6										
1007 I/A Rcpts		3,437.3										
Subtotal		106,381.8	0.0	0.0	0.0	0.0	0.0	106,381.8	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	53,485.9	0.0	0.0	0.0	0.0	0.0	53,485.9	0.0	0	0	0
1002 Fed Rcpts		734.0										
1004 Gen Fund		49,229.6										
1007 I/A Rcpts		3,522.3										
Imported from Legislative Finance.												
Subtotal		159,867.7	0.0	0.0	0.0	0.0	0.0	159,867.7	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Adult Public Assistance Caseload Increase												
	Inc	2,621.6	0.0	0.0	0.0	0.0	0.0	2,621.6	0.0	0	0	0
1004 Gen Fund		2,531.6										
1007 I/A Rcpts		90.0										

The Adult Public Assistance Program was established with the mandate to provide income support for needy elderly, blind and disabled persons. APA benefits serve as a supplement to federal Supplementary Security Income (SSI) and allow the individual to meet basic needs and to remain independent in the community. People who receive APA financial assistance are over 64 years of age or experience severe and long-term disabilities that impose mental or physical limitations on their day-to-day functioning. Certain income and asset eligibility standards apply.

Growing Need for Adult Public Assistance

The APA population is expected to continue to grow. The FY2003 APA formula projection is 15,156 APA cases receiving cash assistance each month at an average supplemental payment of \$310 per case. The projected APA annual rate of caseload increase is 4.6% in FY2002 and 4.2% in FY2003.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Adult Public Assistance (222)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
<p>The APA program was short-funded by the Legislature in FY2002. The initial budget funds an APA population increase of 3% but we expect a caseload increase of about 4.6%. The total FY2003 formula increment is comprised of the FY2002 supplemental need of about \$500.0 and the projected formula increase for FY2003 caseload growth of \$2.1 million.</p> <p>Growth in this program is sustained in part by the long-term needs of recipients. To qualify for APA benefits, an individual must be elderly or have a permanent disability, and therefore this population tends to rely on the APA program for their entire adult lives. Continued APA funding provides critical assistance as the program of "last resort" for this population.</p>												
	Totals	162,489.3	0.0	0.0	0.0	0.0	0.0	162,489.3	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: General Relief Assistance (221)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT PPT		NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1004 Gen Fund	ConfCom	829.3	0.0	0.0	0.0	0.0	0.0	829.3	0.0	0	0	0
		829.3										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1004 Gen Fund	Fn1 Auth	1,024.3	0.0	0.0	0.0	0.0	0.0	1,024.3	0.0	0	0	0
		1,024.3										
<hr/>												
Subtotal		1,853.6	0.0	0.0	0.0	0.0	0.0	1,853.6	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1004 Gen Fund	ConfCom	829.3	0.0	0.0	0.0	0.0	0.0	829.3	0.0	0	0	0
		829.3										
Imported from Legislative Finance.												
<hr/>												
Subtotal		2,682.9	0.0	0.0	0.0	0.0	0.0	2,682.9	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
GRA Formula Need transfer from OAA/ALBHH												
1004 Gen Fund	Trin	232.1	0.0	0.0	0.0	0.0	0.0	232.1	0.0	0	0	0
		232.1										
<p>Alaska's General Relief Assistance (GRA) program was developed as a safety net program for very low income individuals who are not eligible for other state or federal assistance. It is used as a last resort program to meet the emergency needs of low-income Alaskans who have no other resources available to meet those needs. Currently about 75 percent of GRA program expenditures are used to pay for funeral and burial expenses of indigent deceased persons. The remainder is used primarily to assist low-income individuals and families who are facing eviction.</p> <p>In the last six years annual GRA program expenditures have ranged from a high of \$1,024.9 in FY96 to a low of \$829.9 in FY99. The FY03 GRA program expenditure is expected to be about \$1.1 million.</p> <p>This budget request transfers projected FY2003 general fund savings of \$232.1 GF from the OAA-ALB HH component to General Relief Assistance to fund formula need.</p>												
<hr/>												
Totals		2,915.0	0.0	0.0	0.0	0.0	0.0	2,915.0	0.0	0	0	0

Alaska's General Relief Assistance (GRA) program was developed as a safety net program for very low income individuals who are not eligible for other state or federal assistance. It is used as a last resort program to meet the emergency needs of low-income Alaskans who have no other resources available to meet those needs. Currently about 75 percent of GRA program expenditures are used to pay for funeral and burial expenses of indigent deceased persons. The remainder is used primarily to assist low-income individuals and families who are facing eviction.

In the last six years annual GRA program expenditures have ranged from a high of \$1,024.9 in FY96 to a low of \$829.9 in FY99. The FY03 GRA program expenditure is expected to be about \$1.1 million.

This budget request transfers projected FY2003 general fund savings of \$232.1 GF from the OAA-ALB HH component to General Relief Assistance to fund formula need.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tribal Assistance Programs (2336)

RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	7,691.7	0.0	0.0	0.0	0.0	0.0	7,691.7	0.0	0	0	0
1003 G/F Match		6,783.9										
1007 I/A Rcpts		907.8										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	4,448.7	0.0	0.0	0.0	0.0	0.0	4,448.7	0.0	0	0	0
1003 G/F Match		3,933.7										
1007 I/A Rcpts		515.0										
Subtotal 12,140.4 0.0 0.0 0.0 0.0 0.0 12,140.4 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	7,691.7	0.0	0.0	0.0	0.0	0.0	7,691.7	0.0	0	0	0
1003 G/F Match		6,783.9										
1007 I/A Rcpts		907.8										
Imported from Legislative Finance.												
Subtotal 19,832.1 0.0 0.0 0.0 0.0 0.0 19,832.1 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Transfer from Temporary Assistance for Native TANF programs												
	Trin	370.3	0.0	0.0	0.0	0.0	0.0	370.3	0.0	0	0	0
1003 G/F Match		370.3										
This change record transfers \$370.3 from the ATAP component to the Tribal Assistance component to reflect the approved actual grant plan in FY2002.												
The Tribal Assistance budget finances state grants that supplement federal TANF funding needed for the operation of Native TANF programs in Alaska. The state grant funding will be used for the purpose of providing temporary assistance benefits to eligible native families through the CCTHITA, TCC and AVCP TANF programs.												
Totals 20,202.4 0.0 0.0 0.0 0.0 0.0 20,202.4 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Permanent Fund Dividend Hold Harmless (225)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1050 PFD Fund	ConfCom	16,147.3	0.0	0.0	481.7	0.0	0.0	15,665.6	0.0	0	0	0
		16,147.3										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1050 PFD Fund	Finl Auth	17,518.1	0.0	0.0	481.7	0.0	0.0	17,036.4	0.0	0	0	0
		17,518.1										
Subtotal												
		33,665.4	0.0	0.0	963.4	0.0	0.0	32,702.0	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1050 PFD Fund	ConfCom	16,147.3	0.0	0.0	481.7	0.0	0.0	15,665.6	0.0	0	0	0
		16,147.3										
Imported from Legislative Finance.												
Subtotal												
		49,812.7	0.0	0.0	1,445.1	0.0	0.0	48,367.6	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Formula Caseload Reduction												
1050 PFD Fund	Dec	-3,139.4	0.0	0.0	-26.7	0.0	0.0	-3,112.7	0.0	0	0	0
		-3,139.4										
This FY2003 decrement adjusts PFD Hold Harmless component funding to projected formula need. The PFD Hold Harmless provides replacement funding for the loss of benefits due to client ineligibility or benefit reduction in the ATAP, Food Stamps, SSI, or Medicaid programs due to the receipt of the Alaska Permanent Fund Dividend.												
The PFD Hold Harmless program is established in law as AS 43.34.075. The language establishing the hold harmless program was part of the legislation that enabled the initial 1982 dividend distribution, and continues as the statutory basis of the dividend and hold harmless programs.												
The decrease in PFDHH represents the net reduction in public assistance formula caseloads and FY02 changes in budgeting method impacting hold harmless for food stamps. The division has changed the method for participant households to report changes in their circumstances. The new budgeting method estimates income "prospectively" to determine monthly benefit amounts. Rules of prospective budgeting permit us frequently to disregard the dividend. Hence, fewer households will get hold harmless benefits because they will now remain eligible for food stamps.												
Totals												
		46,673.3	0.0	0.0	1,418.4	0.0	0.0	45,254.9	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Energy Assistance Program (226)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT PPT NP		
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1002 Fed Rcpts	ConfCom	12,000.0	408.3	13.5	140.0	12.0	19.0	11,407.2	0.0	3	10	0
		12,000.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1002 Fed Rcpts	Fnl Auth	11,461.9	407.6	10.5	133.0	11.0	24.0	10,875.8	0.0	3	10	0
		11,461.9										
Subtotal		23,461.9	815.9	24.0	273.0	23.0	43.0	22,283.0	0.0	6	20	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1002 Fed Rcpts	ConfCom	12,000.0	408.3	13.5	140.0	12.0	19.0	11,407.2	0.0	3	10	0
		12,000.0										
Imported from Legislative Finance.												
Subtotal		35,461.9	1,224.2	37.5	413.0	35.0	62.0	33,690.2	0.0	9	30	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
1002 Fed Rcpts	SalAdj	11.4	11.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
		11.4										
Totals		35,473.3	1,235.6	37.5	413.0	35.0	62.0	33,690.2	0.0	9	30	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Old Age Assistance-Alaska Longevity Bonus (ALB) Hold Harmless (223)
RDU: Public Assistance (73)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1004 Gen Fund	ConfCom	1,760.0	0.0	0.0	0.0	0.0	0.0	1,760.0	0.0	0	0	0
		1,760.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1004 Gen Fund	Finl Auth	1,980.3	0.0	0.0	0.0	0.0	0.0	1,980.3	0.0	0	0	0
		1,980.3										
Subtotal												
		3,740.3	0.0	0.0	0.0	0.0	0.0	3,740.3	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1004 Gen Fund	ConfCom	1,760.0	0.0	0.0	0.0	0.0	0.0	1,760.0	0.0	0	0	0
		1,760.0										
Imported from Legislative Finance.												
Subtotal												
		5,500.3	0.0	0.0	0.0	0.0	0.0	5,500.3	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Transfer to GRA for Formula Need												
1004 Gen Fund	Trout	-232.1	0.0	0.0	0.0	0.0	0.0	-232.1	0.0	0	0	0
		-232.1										
Today approximately 1,250 aged clients receive OAA-ALBHH to replace the amount of federal SSI lost when the ALB is counted as income in the SSI benefits calculation. The OAA-ALBHH restores the federal SSI payment reduction.												
The ALB program is closed to new applicants and OAA-ALB Hold Harmless expenditures are continuing a sustained decrease as the number of APA and SSI recipients - who also receive the ALB - drops off. Based on the current expenditure trend we expect ALB Hold harmless expenditures will decline about 10-12% annually. In FY2003, the projected OAA-ALB HH program savings of \$232.1 are transferred to the GRA component to help fund the projected formula need in the GRA program												
Totals												
		5,268.2	0.0	0.0	0.0	0.0	0.0	5,268.2	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Purchasing Group (243)
RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	16,797.0	3,917.5	90.3	12,620.6	42.7	125.9	0.0	0.0	62	0	0
1002 Fed Rcpts		11,658.9										
1003 G/F Match		5,006.2										
1004 Gen Fund		131.9										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	17,187.1	2,911.7	116.3	13,422.0	405.7	331.4	0.0	0.0	61	0	0
1002 Fed Rcpts		11,813.9										
1003 G/F Match		5,213.0										
1004 Gen Fund		131.8										
1053 Invst Loss		28.4										
Subtotal												
		33,984.1	6,829.2	206.6	26,042.6	448.4	457.3	0.0	0.0	123	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	16,797.0	3,917.5	90.3	12,620.6	42.7	125.9	0.0	0.0	62	0	0
1002 Fed Rcpts		11,658.9										
1003 G/F Match		5,006.2										
1004 Gen Fund		131.9										
Imported from Legislative Finance.												
Transfer 1 PFT position and funding from Certification & Licensing ADN 0620002												
	Trin	40.7	40.7	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1002 Fed Rcpts		20.4										
1003 G/F Match		20.3										
MicroComputer Network Spec. PCN 06-4065 is transferred from Certification & Licensing and reclassified to a Microcomputer/Network Tech II. This position transfer is part of the Division-wide reallocation/expansion of IT services.												
This position will, under general supervision, function as part of the team responsible for maintenance and administration of the division's Local Area Networks (LAN) supporting the complex electronic infrastructure necessary to administer Alaska's Medicaid and CAMA medical programs. The incumbent in this position will fill a critical position by providing hardware, software, and network support services to the division's user community.												
Transfer position and funding for Information Technology to Medical Assistance Admin ADN 0620002												
	Trout	-146.6	-146.6	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
1002 Fed Rcpts		-73.3										
1003 G/F Match		-73.3										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Purchasing Group (243)
RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
This transfer is part of the Division-wide reallocation/expansion of Information Technology services. MicroComputer Network Spec. PCN 06-4617 and funding is transferred out to Medical Assistance Admin. In addition, funding for Database Specialist II, PCN 06-#160 is being transferred.												
Add position for DMA Info Tech Expansion Services ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
Add MicroComputer Network Technician I/II PCN 06-#161 as part of IT expansion of services.												
New Microcomputer/Network Technician I/IIUnder general supervision this position will function as part of the team responsible for maintenance and administration of the division's Local Area Networks (LAN) supporting the complex electronic infrastructure necessary to administer Alaska's Medicaid and CAMA medical programs. The incumbent in this position will fill a critical position by providing hardware, software, and network support services to the division's user community.												
Add 1 PFT position established in FY2001 ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
Adjust position count to add PCN 06-4087 established in FY2001. The position is an Accounting Clerk II for the Financial Services and Recovery Unit.												
Subtotal		50,675.2	10,640.8	296.9	38,663.2	491.1	583.2	0.0	0.0	187	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	120.6	120.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		67.7										
1003 G/F Match		51.4										
1004 Gen Fund		1.5										
Transfer to Med Asst Admin to cover the increased cost of new FY02 positions only partially funded												
	Trout	-139.9	0.0	0.0	-139.9	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-70.0										
1003 G/F Match		-69.9										
This transfer covers personal services needs for Medical Assistance Administration component. It transfers funds for positions which were created in FY02 management plan and only partially funded. It also provides funding to cover normal merit and longevity cost increases.												
Transfer to C&L to cover the increased cost of new FY02 positions only partially funded in FY02												
	Trout	-26.8	0.0	0.0	-26.8	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-13.4										
1003 G/F Match		-13.4										
This transfer covers personal services needs for Certification & Licensing. It transfers funds for PCN 06-4088 which was created in FY02 Management Plan and only partially funded. This transfer also provides funding for normal merit and longevity cost increases.												

Transfer from contractual to cover increased personal services costs

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Health Purchasing Group (243)

RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	LIT	0.0	232.4	0.0	-232.4	0.0	0.0	0.0	0.0	0	0	0
The Division of Medical Assistance has been working on a major reorganization effort to more effectively and efficiently serve its clients. The reorganization is scheduled to be completed in FY03. This transfer is to fully fund positions that were created in FY02 and only partially funded. It also includes the costs associated with reclassifications.												
	Totals	50,629.1	10,993.8	296.9	38,264.1	491.1	583.2	0.0	0.0	187	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Medical Assistance Administration (242)

RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,919.9	1,622.4	74.8	192.5	20.2	10.0	0.0	0.0	25	0	0
1002 Fed Rcpts		938.7										
1003 G/F Match		854.0										
1004 Gen Fund		25.8										
1007 I/A Rcpts		101.4										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	1,545.9	1,127.9	116.3	258.0	33.7	10.0	0.0	0.0	24	0	0
1002 Fed Rcpts		797.4										
1003 G/F Match		710.2										
1004 Gen Fund		25.7										
1053 Invst Loss		12.6										
Subtotal												
		3,465.8	2,750.3	191.1	450.5	53.9	20.0	0.0	0.0	49	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,919.9	1,622.4	74.8	192.5	20.2	10.0	0.0	0.0	25	0	0
1002 Fed Rcpts		938.7										
1003 G/F Match		854.0										
1004 Gen Fund		25.8										
1007 I/A Rcpts		101.4										
Imported from Legislative Finance.												
Position status correction ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	1
The FY02 Budget request contained a discrepancy between the personal services module and the change record totals. The personal service module listed PCN 06-?068 correctly as a Non Perm. The operating change record module listed it as a permanent full time position. This change record only corrects that discrepancy.												
Transfer 1 PPT position and funding from Hearings & Appeals ADN 0620002												
	Trin	33.7	33.7	0.0	0.0	0.0	0.0	0.0	0.0	0	1	0
1002 Fed Rcpts		16.9										
1003 G/F Match		16.8										

The restructuring / reorganization of the Division has resulted in establishment of a Chief, Medical Assistance Administrator. Hearing examiner, PCN 06-8576, and funding transferred in from Office of Hearings and Appeals, reclassified and time status change to PFT.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Medical Assistance Administration (242)

RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Position Time Status Change ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	-1	0
The restructuring / reorganization of the Division resulted in establishment of a Chief Medical Assistance Administrator. PCN 06-8576 transferred in from Hearings and Appeals, converted to PFT status, and reclassified from Hearing Examiner to Chief Medical Assistance Administrator in FY01.												
Transfer position and funding for Information Technology from Health Purchasing Group ADN 0620002												
	Trin	146.6	146.6	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1002 Fed Rcpts		73.3										
1003 G/F Match		73.3										
This transfer is part of the Division-wide reallocation/expansion of Information Technology services.												
MicroComputer Network Spec. PCN 06-4617 transferred in from Health Purchasing Group and reclassified to Data Processing Manager I. Under general direction, the Data Processing Manager will be responsible for aligning the division's information technology (IT) concerns with the escalating expectations for improving business efficiencies and program management goals. While IT spending has accelerated over the last ten years, IT itself has been transformed from a "housekeeping" agent into an active and participative agent in the division's program and information-based areas of responsibility.												
In addition, funding for Database Specialist II, PCN 06-#160 is being transferred. The database specialist will be involved with fiscal agent/contractor design and installation of database systems and related software. Under the direction of the data processing manager, the incumbent will also be responsible for the full range of activities related to maintaining databases including organization and architecture, database performance, and problem analysis and resolution.												
Add position to support database servers ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
Database Specialist II, PCN 06-#160:												
Under the supervision of the division's data processing manager, maintain database software that supports simultaneous real time access by multiple users to shared data over a LAN or WAN, and provide technical support to the division's data processing manager in maintaining the division's databases that reside on database servers.												
The database specialist will be also involved with fiscal agent/contractor design and installation of database systems and related software. Under the direction of the data processing manager, the incumbent will also be responsible for the full range of activities required to maintain databases including organization and architecture, database performance, and problem analysis and resolution.												
Adjust for FY01 established non-perm position ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	1
This position, 06-#162, coordinates with the Commissioner's Office, Governor's D.C. office, and Alaska's Congressional delegation and others on FMAP and SCHIP issues. This work is intended to increase the amount of federal participation in Alaska's Medicaid program.												
Subtotal 5,566.0 4,553.0 265.9 643.0 74.1 30.0 0.0 0.0 76 0 2												

***** Changes From FY2002 Management Plan To FY2003 Governor *****

Year 3 Labor Costs - Net Change from FY2002

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Medical Assistance Administration (242)

RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	SalAdj	56.3	56.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		28.2										
1003 G/F Match		26.3										
1004 Gen Fund		0.7										
1007 I/A Rcpts		1.1										
Transfer from HPG for increased cost of FY02 partial year position changes to full year in FY03												
	Trin	139.9	139.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		70.0										
1003 G/F Match		69.9										
The Division of Medical Assistance has been working on a major reorganization effort to more effectively and efficiently serve its clients. The reorganization is scheduled to be completed in FY03. This transfer is to fully fund positions that were created in FY02 and only partially funded. It also includes the costs associated with reclassifications.												
Totals		5,762.2	4,749.2	265.9	643.0	74.1	30.0	0.0	0.0	76	0	2

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Certification and Licensing (245)
RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,152.7	792.9	87.6	267.2	5.0	0.0	0.0	0.0	12	0	0
1002 Fed Rcpts		773.3										
1003 G/F Match		215.6										
1004 Gen Fund		163.8										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	1,062.4	701.6	135.6	219.2	6.0	0.0	0.0	0.0	12	0	0
1002 Fed Rcpts		736.3										
1003 G/F Match		159.3										
1004 Gen Fund		163.5										
1053 Invst Loss		3.3										
Subtotal												
		2,215.1	1,494.5	223.2	486.4	11.0	0.0	0.0	0.0	24	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,152.7	792.9	87.6	267.2	5.0	0.0	0.0	0.0	12	0	0
1002 Fed Rcpts		773.3										
1003 G/F Match		215.6										
1004 Gen Fund		163.8										
Imported from Legislative Finance.												
Transfer 1 PFT position and funding to Health Purchasing Group ADN 0620002												
	Trout	-40.7	-40.7	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
1002 Fed Rcpts		-20.4										
1003 G/F Match		-20.3										
PCN 06-4065 and associated funding is transferred to the Health Purchasing Group component as part of the Division-wide reallocation/expansion of Information Technology services within the division.												
Add position for facility surveys ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
This position adjustment adds a Health Facilities Surveyor position, PCN 06-#158 to meet workload demands relating to facility inspections/certifications and complaint investigations.												
Over the past 2 years, mandates from the Health Care Financing Administration have increased because of nursing home reform and increased oversight of non-Long Term Care facilities. In addition, the number and seriousness of our complaint investigations have increased. This has resulted in a drain on our staff resources.												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Certification and Licensing (245)
RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Subtotal		3,327.1	2,246.7	310.8	753.6	16.0	0.0	0.0	0.0	36	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	24.9	24.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		16.6										
1003 G/F Match		3.5										
1004 Gen Fund		4.8										
Transfer from HPG to cover the increased cost for new FY02 positions only partial funded in FY02												
	Trin	26.8	26.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		13.4										
1003 G/F Match		13.4										
This transfer covers personal services needs for C&L. It transfers funds for PCN 06-4088 which was created in FY02 Management Plan and only partially funded. And it provides funding to cover normal merit and longevity cost increases.												
Totals		3,378.8	2,298.4	310.8	753.6	16.0	0.0	0.0	0.0	36	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Medicaid State Programs (967)
RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	18,522.5	0.0	0.0	18,260.5	0.0	0.0	262.0	0.0	0	0	0
1002 Fed Rcpts		15,385.5										
1003 G/F Match		2,875.0										
1004 Gen Fund		262.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	15,962.1	0.0	0.0	15,962.1	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		13,653.6										
1003 G/F Match		2,308.5										
Subtotal 34,484.6 0.0 0.0 34,222.6 0.0 0.0 262.0 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	18,522.5	0.0	0.0	18,260.5	0.0	0.0	262.0	0.0	0	0	0
1002 Fed Rcpts		15,385.5										
1003 G/F Match		2,875.0										
1004 Gen Fund		262.0										
Imported from Legislative Finance.												
Medicaid coverage of breast and cervical cancers Ch 33, SLA 2001 (HB 65) ADN 0620023												
	FisNot	589.2	0.0	0.0	0.0	0.0	0.0	589.2	0.0	0	0	0
1002 Fed Rcpts		413.4										
1003 G/F Match		175.8										
Legislation adopted by Congress creates a new Medicaid eligibility group of women diagnosed with cancer who were screened under the Breast and Cervical Cancer Detection Program funded through the Centers for Disease Control. Medicaid eligibility for these women lasts through all treatment and includes all Medicaid covered services. The four grantees in Alaska diagnosed 39 women with breast cancer and 33 women with cervical cancer last year. Sixty-one percent of breast cancer patients were Alaska Native, as were eighteen percent of cervical cancer patients. Alaska Native women are not eligible for coverage under this option as they have creditable coverage under the Public Health Service Act. Average annual Medicaid expenditures in FY 2000 for women treated for these cancers was \$17,500 and \$12,100 respectively. Assumptions for this fiscal note are a 70.17% federal match rate for FFY02 and an eight percent growth rate for each succeeding year.												
Subtotal 53,596.3 0.0 0.0 52,483.1 0.0 0.0 1,113.2 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
School Based Services line item transfer												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Medicaid State Programs (967)
RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	LIT	0.0	0.0	0.0	262.0	0.0	0.0	-262.0	0.0	0	0	0
This line item transfer is to move funding from the grants line to the contractual line. The funds are for school based services. These school based services administrative medicaid claims capture federal receipts under Title XIX of the Social Security Act for school district activities that support administration of the Medicaid program. The purpose of this effort is to improve health services access and availability for Medicaid eligible children and families. Through DEED, school district staff and resources are used for outreach, health care coordination, case planning, assessment, and eligibility processing assistance.												
Transfer Breast & Cervical Cancer Program to Medicaid Services												
	Trout	-589.2	0.0	0.0	0.0	0.0	0.0	-589.2	0.0	0	0	0
1002 Fed Rcpts		-413.4										
1003 G/F Match		-175.8										
The enabling fiscal note incorrectly allocated this program to the administrative BRU of the Division of Medical Assistance. The Legislature appropriated these funds to provide services for Medicaid eligible recipients diagnosed with breast or cervical cancer. This net zero transfer merely allocates this program's funding to the BRU in which Medicaid provider services are purchased.												
Additional Federal Receipt Authority for State Programs												
	Inc	657.0	0.0	0.0	657.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		657.0										
This increment request includes \$434.7 in federal authority for implementation of the Health Passport program that will provide health care services for children in state custody. This request also includes \$222.3 in federal authority for the Medicaid reimbursable portion of anticipated salary increases for health professionals in the Division of Public Health.												
Totals		53,664.1	0.0	0.0	53,402.1	0.0	0.0	262.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Children's Health Eligibility (2260)
RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Enl Auth	2,617.8	0.0	0.0	2,617.8	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		1,338.7										
1003 G/F Match		874.1										
1108 Stat Desig		405.0										
	Totals	2,617.8	0.0	0.0	2,617.8	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Hearings and Appeals (1434)

RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Conference Committee												
	ConfCom	406.9	343.0	8.3	51.7	3.9	0.0	0.0	0.0	5	0	0
1002 Fed Rcpts		203.0										
1003 G/F Match		202.3										
1004 Gen Fund		1.6										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	384.0	314.2	3.4	64.2	2.2	0.0	0.0	0.0	5	0	0
1002 Fed Rcpts		186.1										
1003 G/F Match		194.3										
1053 Invst Loss		3.6										
<hr/>												
	Subtotal	790.9	657.2	11.7	115.9	6.1	0.0	0.0	0.0	10	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	406.9	343.0	8.3	51.7	3.9	0.0	0.0	0.0	5	0	0
1002 Fed Rcpts		203.0										
1003 G/F Match		202.3										
1004 Gen Fund		1.6										
Imported from Legislative Finance.												
Transfer 1 PPT position and funding to Medical Assistance Admin ADN 0620002												
	Trout	-33.7	-33.7	0.0	0.0	0.0	0.0	0.0	0.0	0	-1	0
1002 Fed Rcpts		-16.9										
1003 G/F Match		-16.8										
Transfer Hearing Examiner PCN 06-8576 and funding to Medical Assistance Admin. Due to changes in the rate setting methodology the number of health care facility appeals of Medicaid payment rates and audit findings requiring formal hearings has declined in the past year. This Hearing Examiners position is no longer needed in OHA.												
Position status correction ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	1	0
Correction of PCN 06-8576 from FT to PT, discrepancy in the FY02 budget request. The FY02 Budget request contained a discrepancy between the personal services module and the change record totals. The Hearing Examiner position PCN 06-8576, was permanent part time in the personal services module and permanent full time in the change record totals. This change record is to correct the position count in ABS.												
<hr/>												
	Subtotal	1,164.1	966.5	20.0	167.6	10.0	0.0	0.0	0.0	14	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Hearings and Appeals (1434)

RDU: Medical Assistance Administration (77)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	10.0	10.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		5.0										
1003 G/F Match		5.0										
	Totals	1,174.1	976.5	20.0	167.6	10.0	0.0	0.0	0.0	14	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Fraud Investigation (237)
RDU: Fraud Investigations (436)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,235.6	882.5	10.7	332.4	5.0	5.0	0.0	0.0	14	1	0
1002 Fed Rcpts		652.1										
1003 G/F Match		548.5										
1004 Gen Fund		35.0										
Imported from Legislative Finance.												
Subtotal		1,235.6	882.5	10.7	332.4	5.0	5.0	0.0	0.0	14	1	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,235.6	882.5	10.7	332.4	5.0	5.0	0.0	0.0	14	1	0
1002 Fed Rcpts		652.1										
1003 G/F Match		548.5										
1004 Gen Fund		35.0										
Imported from Legislative Finance.												
Totals		2,471.2	1,765.0	21.4	664.8	10.0	10.0	0.0	0.0	28	2	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Children's Health Eligibility (2260)
RDU: Children's Health Eligibility (437)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	2,632.8	0.0	0.0	2,632.8	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		1,338.7										
1003 G/F Match		889.1										
1108 Stat Desig		405.0										
Imported from Legislative Finance.												
Subtotal 2,632.8 0.0 0.0 2,632.8 0.0 0.0 0.0 0.0 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	2,632.8	0.0	0.0	2,632.8	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		1,338.7										
1003 G/F Match		889.1										
1108 Stat Desig		405.0										
Imported from Legislative Finance.												
Subtotal 5,265.6 0.0 0.0 5,265.6 0.0 0.0 0.0 0.0 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals 5,265.6 0.0 0.0 5,265.6 0.0 0.0 0.0 0.0 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Nursing (288)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	16,789.2	12,466.1	605.3	1,707.8	420.3	329.2	1,260.5	0.0	182	13	0
1002 Fed Rcpts		1,043.9										
1004 Gen Fund		9,841.0										
1005 GF/Prgm		108.5										
1007 I/A Rcpts		5,545.8										
1108 Stat Desig		250.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	15,740.2	11,658.7	620.1	1,570.2	371.0	259.7	1,260.5	0.0	179	13	0
1002 Fed Rcpts		1,032.4										
1004 Gen Fund		8,378.4										
1005 GF/Prgm		119.6										
1007 I/A Rcpts		5,833.4										
1053 Invst Loss		45.8										
1108 Stat Desig		330.6										
Subtotal												
		32,529.4	24,124.8	1,225.4	3,278.0	791.3	588.9	2,521.0	0.0	361	26	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	16,789.2	12,466.1	605.3	1,707.8	420.3	329.2	1,260.5	0.0	182	13	0
1002 Fed Rcpts		1,043.9										
1004 Gen Fund		9,841.0										
1005 GF/Prgm		108.5										
1007 I/A Rcpts		5,545.8										
1108 Stat Desig		250.0										
Imported from Legislative Finance.												
Transfer from Hlth Svcs/Medicaid as part of reorganization ADN 0620002												
	Trin	462.4	462.4	0.0	0.0	0.0	0.0	0.0	0.0	2	0	0
1007 I/A Rcpts		462.4										

The Medicaid Services Unit (MSU) was created in the early 1990's to assist the Division with refinancing of services eligible for Medicaid reimbursement. It became evident over the past couple of years that the programs that had been housed under the MSU would function better in other Sections that have broader roles under which these programs would fit. Thus, quality assurance for Early & Periodic Screening, Diagnosis and Treatment (EPSDT) is being moved to the Section of Public Health Nursing as it primarily involves internal quality assurance on services provided by public health nurses

The Personal Services funding transferred in this transaction to support the two transferred positions (PCNs 06-1402 and 06-1571) total \$111.4. The

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Nursing (288)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
additional \$351.0 in Personal Services is required to provide sufficient I/A receipt authority for: 1) an increase in federal funding (received through an RSA, thus as I/A, from the Division of Alcoholism & Drug Abuse) for public health nurses providing services for the Fetal Alcohol Syndrome Program; 2) increased Medicaid reimbursement due to an increase in the time study rate (from approximately 40% to 42%).												
Line Item adjustment Back to Basics funding ADN 0620002												
	LIT	0.0	43.8	-12.6	-62.8	-18.4	0.0	50.0	0.0	0	0	0
We are moving money into the Personal Services line to place nursing staff in those areas with the highest need of communicable disease control now. Staff is needed now for TB, STD, Immunizations, and other disease control services. Funding is also being transfered to the grants line for restoring funding to the Municipality of Anchorage for one nurse position.												
Increase Resources for Public Health Nursing Programs ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	6	6	0
The following previously approved positions have been established to meet the demand for increased Public Health Nursing services, which are predominantly federally supported.												
06-1801 Health Practitioner I FT This position provides family planning services through the Mat-Su Public Health Center with federal funding from the Title X Family Planning Project grant.												
06-1802 Administrative Clerk III FT This position provides clerical support for the family planning services provided by the Mat-Su Public Health Center with federal funding from the Title X Family Planning Project grant.												
06-1806 Administrative Clerk III PT This position provides the sole clerical support for the Delta Junction Public Health Center. Funding is a combination of General Funds and Medicaid I/A.												
06-1836 Public Health Nurse Aide PT This position provides outreach, education, screening and follow-up for clients served by the Fetal Alcohol Syndrome (FAS) Community Program in Fairbanks. This position is funded with I/A Receipts from the Division of Alcoholism and Drug Abuse (federal FAS grant).												
06-1837 Public Health Nurse II FT This position supports the Fetal Alcohol Syndrome (FAS) Community Program in Fairbanks, provides health surveillance and case management to children and their families with FAS and within foster care. This position coordinates the FAS clinics and services provided to clients with Alcohol Related Birth Defects. This position is funded with I/A Receipts from the Division of Alcoholism and Drug Abuse (federal FAS grant).												
06-1850 Nurse II FT This position provides a full range of professional level nursing services at the Kodiak Health Center. It is funded with a combination of GF and I/A (Medicaid).												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Nursing (288)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
06-1852 Public Health Nurse I/II PT This position, under supervision of the PHN III, provides a broad range of public health nursing services in Homer and surrounding areas to individuals, families, and communities. It is funded with a combination of GF and I/A (Medicaid).												
06-1853 Administrative Clerk II PT This position provides clerical support for professional staff and Public Health Nursing services at the Homer Public Health Center. It is funded with a combination of GF and I/A (Medicaid).												
06-1854 Public Health Nurse I/II FT This position, under supervision of the PHN III, provides a broad range of public health nursing services at the Mat-Su Public Health Center and surrounding areas to individuals, families, and communities. It is funded with a combination of GF and I/A (Medicaid).												
06-1855 Public Health Nurse I/II FT This position, under supervision of the PHN III, provides a broad range of public health nursing services at the Mat-Su Public Health Center and surrounding areas to individuals, families, and communities. It is funded with a combination of GF and I/A (Medicaid).												
06-1856 Administrative Clerk III PT This position, under general direction of the Public Health Nurse, provides the sole clerical support for public health nursing services at the Cordova Public Health Center. It is funded with a combination of GF and I/A (Medicaid).												
06-1858 Public Health Nurse I/II PT This position provides health promotion, disease surveillance and disease prevention activities to the communities of Delta Junction, Dot Lake, Fort Greely, and Deltana. It is funded with a combination of GF and I/A (Medicaid).												
Position time status upgrade ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	-2	0
PCNs 06-1385 (Public Health Nurse, Delta Junction) and 06-2224 (Health Practitioner, Fairbanks) are being upgraded from Part Time positions to Full Time positions because of the increase in workload in the Nursing section. These positions were required to work full-time during this past year, and the time status is being corrected in the budget.												
Subtotal		49,781.0	37,097.1	1,818.1	4,923.0	1,193.2	918.1	3,831.5	0.0	553	43	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	394.6	394.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		20.8										
1004 Gen Fund		213.8										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Nursing (288)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1005 GF/Prgm		3.6										
1007 I/A Rcpts		156.4										
Transfer position from Public Health Administrative Services												
	Trin	194.0	194.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1002 Fed Rcpts		194.0										
PCN 06-1866 being transferred to the Nursing component.												
The Medical Doctor (MD) will provide medical oversight and legal signature authority for all medical directives for public health nursing practice, such as immunizations, treatment orders for STDs, fluoride for children's dental care, any treatment that requires prescriptive authority, and assure compliance with pharmacy laws for medications. The MD will provide consultation and training on telemedicine, child and adolescent health, prenatal and women's health, and chronic disease services. The MD will provide medical liaison with the tribal clinical directors and private sector physicians and clinics relative to PHN practice.												
Transfer from Health Services/Medicaid Reorganization												
	Trin	790.0	0.0	0.0	790.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		790.0										
The transfer of Interagency Receipt Authority is needed because of the elimination of the Health Services/Medicaid Component. Two positions from the Medicaid Services Unit were previously transferred to Nursing through a streamlining in the Division of Public Health in FY 02. The two positions were transferred to the Section of Nursing to continue EPSDT/Denali KidCare and prenatal care program activities for Medicaid eligible mothers and children.												
The remainder of the increased IA authority is needed in contractual services to conform with the reimbursement claim made by PHNs through the time study methodology for services to Medicaid eligible children and women. The amount of direct public health services to Medicaid eligible clients has increased in the past few years causing an increase in the claiming percentage for PHNs.												
Bethel Public Health Facility Annualize leasing costs												
	Inc	486.0	0.0	0.0	486.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		259.2										
1007 I/A Rcpts		226.8										

The Bethel Public Health Center and nursing staff are in a deficient facility in Bethel. The current situation was precipitated with the end of a 10-year lease for substandard space, an aging Quonset hut, and the eviction of the Public Health Clinic staff from the YKHC Native hospital space they had occupied for years through a courtesy agreement. Now there are 23 staff and three clinic exam room/offices without hand-washing facilities located in 3600 square feet in the DOT Combined facility previously vacated by DFYS. There is at this time no appropriate clinic space in Bethel and only limited small parcels of office space.

In FY 02, lease costs for approximately 6 months for clinic and PHN space was appropriated, based on an estimate of \$3.20 a square foot and 10,000 square feet. There is a need for a long term, built-to-suit lease agreement that would answer the public's need for a public health clinic and service facility. DHSS is in the process of procuring a build-to-suit clinical facility in Bethel with the Request for Qualifications (RFQ) already issued. Letters of Interest have been solicited so there are interested parties who will build to suit with commitment of a long-term lease. The requested annualization costs are based on leasing experiences obtaining similar space with similar clinical requirements. The amount of square footage in a build-to-suit facility will have to include building maintenance and utility areas which were inadvertently left out of the FY 02 estimates. The size of the clinic space and the cost per square foot will

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Nursing (288)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
reflect the reasonable standards for public health clinics and services and the current staffing, using the Standards for Public Health Facilities (DOA).												
This request for full year's leasing funding is projected on anticipated total costs though the procurement process will define those costs by December 2001. The annualization of lease funds will secure any prepayments required for a build-to-suit or for any leasing possibilities during FY 03.												
The general funds projected are 65% of the costs and presume the ability of PHN component to earn 35% through Medicaid reimbursement under time study/work effort methodology for serving Medicaid clients.												
Child Protection: Health Passport Program Nurses												
	Inc	579.8	525.0	25.0	20.0	9.8	0.0	0.0	0.0	7	0	0
1004 Gen Fund		145.1										
1007 I/A Rcpts		434.7										

The Division of Public Health requests an increment of \$579.8 (\$434.7 I/A from DMA/Fed and \$145.1 GF) to cover the cost of implementing the Health Passport Program.

As a group, children in foster care suffer high rates of serious physical and psychological problems compared with other children. Despite extreme need, children and youth in foster care often fail to receive preventive and consistent health services due to inadequate medical records and limited access to care. Foster children rarely enter the system with useful health records or mental health histories; access to full documentation is restricted by confidentiality issues, bureaucratic requirements or limited parental knowledge and unavailability. Burdened by heavy workloads, social workers frequently lack time and training to track and interpret elusive health data. Public health nurses, with their health care knowledge and experience, are necessary members of the child welfare team.

The Division of Family and Youth Services (DFYS) and the Division of Public Health (DPH), with the assistance of the Division of Medical Assistance (DMA), have collaborated and partnered to deal with this concern. The Health Passport Project is designed to improve the health care and health status of children in foster care through care coordination, appropriate health services utilization, early identification of health problems and referral for appropriate treatment. The goal is to have every child in foster care have a Health Passport document with all available health information. This will be updated and will follow the child throughout their stay in State custody. A complete health record will help the foster parent provide for the child's needs, help the caseworker assure adequate follow-up, and provide the child's family with important health data upon re-unification or permanent placement. Families will be aware of health service needs for the child.

The health passport electronic document tracks Client Information, Allergies, Medications, Health Problems, Last Well Child Exam, Immunizations, Birth Information, Communicable Diseases, Hospitalizations, Dental Visits, Referrals, Behaviors, and Educational Facilities. Public health nurses solicit health data, review and summarize the data to complete the health passport document which is updated regularly with new health information. A current printout is given to foster parents and placed in the child's DFYS record.

For the past four years, DPH has funded one Public Health Nurse (PHN) in the Anchorage DFYS office to track and promote health, medical and dental services for children placed in foster care. With only one PHN we have focused on birth to six-year-olds in 2-3 on-going units. This experienced Health Passport PHN would serve as the trainer and lead PHN for the new Health Passport PHNs and assist DFYS in incorporating the PHNs into the DFYS setting.

There is much work to be done to assure the health and safety of children in foster care across our state. With a few more PHN positions, all foster children could have the same health oversight and assurances. In addition the foster families would have a nurse they could call with concerns or for health advice. The PHN can provide health consultation and interpretation for the social workers on children with special health needs.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Nursing (288)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
DPH, in collaboration with DFYS proposes to add seven PHNs across the state to cover the entire foster child population for care management, documentation of health needs and services, and nursing consultation to social workers and the foster families.												
These additional PHNs would be located in the following communities: one each in the communities of Mat-Su, Kenai, Fairbanks, Bethel, Juneau and two additional PHNs would be added to the Anchorage program. Since 99+% of foster children are eligible for Medicaid and nurses qualify for skilled professional funding (75% federal /25% state) under Medicaid rules, the seven nurses can be covered for the price of 1.75 FTEs of state funded positions. This is a bargain for our children in foster care. This builds on the efforts of Smart Start to do better for kids who have experienced abuse and neglect.												
With assistance from Division of Medical Assistance to collect the 75% federal funding, this effort would require only the 145.1 GF requested by the Division of Public Health. This is good maximization of state General Fund dollars to cover the state's responsibility for adequate health care for foster children. The \$434.7 will be transferred to the Division of Public Health through an RSA agreement with the Division of Medical Assistance and received as I/A.												
	Totals	52,225.4	38,210.7	1,843.1	6,219.0	1,203.0	918.1	3,831.5	0.0	561	43	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Maternal, Child, and Family Health (290)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	13,120.4	4,820.8	284.4	3,125.8	535.9	176.5	4,177.0	0.0	82	0	0
1002 Fed Rcpts		9,310.8										
1003 G/F Match		1,083.7										
1004 Gen Fund		262.0										
1005 GF/Prgm		237.7										
1007 I/A Rcpts		1,973.0										
1037 GF/MH		102.5										
1092 MHTAAR		150.7										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	13,468.1	4,729.1	287.2	3,409.0	543.7	210.0	4,289.1	0.0	82	0	0
1002 Fed Rcpts		9,216.0										
1003 G/F Match		1,078.0										
1004 Gen Fund		341.8										
1005 GF/Prgm		239.3										
1007 I/A Rcpts		2,362.2										
1037 GF/MH		101.2										
1053 Invst Loss		9.5										
1092 MHTAAR		120.0										
1108 Stat Desig		0.1										
Subtotal												
		26,588.5	9,549.9	571.6	6,534.8	1,079.6	386.5	8,466.1	0.0	164	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	13,120.4	4,820.8	284.4	3,125.8	535.9	176.5	4,177.0	0.0	82	0	0
1002 Fed Rcpts		9,310.8										
1003 G/F Match		1,083.7										
1004 Gen Fund		262.0										
1005 GF/Prgm		237.7										
1007 I/A Rcpts		1,973.0										
1037 GF/MH		102.5										
1092 MHTAAR		150.7										
Imported from Legislative Finance.												
Transfer positions from Medicaid Services Unit due to re-org ADN 0620002												
	Trin	700.3	700.3	0.0	0.0	0.0	0.0	0.0	0.0	11	0	0
1007 I/A Rcpts		700.3										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maternal, Child, and Family Health (290)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Transfer 11 positions and Inter-agency Receipt funding from Medicaid Services Unit due to re-organization.												
PCN 06-1569												
PCN 06-1572												
PCN 06-1570												
PCN 06-1518												
PCN 06-1538												
PCN 06-1764												
PCN 06-1772												
PCN 06-1773												
PCN 06-1771												
PCN 06-1765												
PCN 06-1774												

It became evident over the past couple of years that the programs that had been housed under the Medicaid Services Unit (MSU) would function better in other Sections that have broader roles under which these programs would fit. Thus, the Denali KidCare Outreach program is being moved to the Section of Maternal, Child and Family Health because of that Section's role in developing medical and other health services and systems for children.

Transfer position in from Public Health Admin Services ADN 0620002

Trin	41.8	41.8	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1004 Gen Fund	41.8											

Transfer PCN 06-1675 from Public Health Administration Services to Maternal, Child, and Family Health. This position currently reports directly to the MCFH section chief and is responsible for being the network administrator for MCFH which has 100 users on the system. The position plans, directs and implements all Information Technology functional systems projects for the section.

Continue positions established in FY01 for FAS, WIC, EPSDT, etc. ADN 0620002

LIT	0.0	331.1	-50.0	-181.1	-100.0	0.0	0.0	0.0	0.0	9	0	0
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The Section has established nine (9) positions in FY01 and transferred authority from other line items to cover the funding. The supplies currently budgeted for the PRAMS survey will be dramatically reduced. Professional services contracts for WIC automated data processing system and providers will be reduced.

PCN 06#130, 06#131, 06#132 (PCNS 06-1824, 1825 and 1840 respectively). These positions are needed due to an increased interest in fetal alcohol syndrome (FAS). The FAS surveillance system has received a higher than expected number of potential cases. This has resulted in an urgent need to review medical records for each potential case, which will require two additional staff. It is anticipated that this will be an on-going need now that attention has been focused on this condition. A third staff position is needed to assist with management and analysis of the data collected from these medical record reviews.

PCN 06-#133 (PCN 06-1830) The growing demand for epidemiologic assessment, surveillance and health indicator information on maternal, infant and child health conditions has resulted in a need for specialized consultation and technical assistance for the maternal and child health epidemiology unit within the section of MCFH.

PCN 06-#134 (PCN 06-1831) The Department of Health and Social Services has made comprehensive child health issues a priority. The position of a

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maternal, Child, and Family Health (290)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
Children's Health Unit Manager is responsible for the coordination of all children's health initiatives that are population based throughout the state of Alaska. The position is responsible for overall assessment, planning, implementation, evaluation and fiscal management of multiple complex programs/services provided by nursing and other health care professionals statewide in the Children's Health Unit. It serves as a statewide resource and liaison for many governmental and non-governmental entities in establishing policy and securing financing for programs intended to improve children's health status and increase access to needed services.												
Position 06#135 (PCN 06-1839) was added to the Section of Maternal, Child, and Family Health to meet the considerable on-going senior level programming needs of the Alaska WIC Data Processing System. The Alaska WIC System operates at 31 sites throughout Alaska and this position is responsible for providing advanced programming for the database to meet on-going program functions such as warrant generation and reconciliation, as well as data collection and system enhancement features.												
PCN 06#136 (PCN 06-1805)-This position is responsible for activities for pregnant teens mandated through Welfare Reform which will increase self sufficiency and decrease dependency on welfare. These activities are coordinated with the Adolescent Health Services in MCFH.												
PCN 06-#151 (PCN 06-1845) This position is responsible for developing and implementing service evaluation methods and Medicaid financing methods; for developing and implementing quality assurance and evaluation plans and systems for the EPSDT and Denali Kid Care programs; for developing and implementing health systems planning for the EPSDT programs; and providing ad hoc data collection, analysis and reporting functions for the unit manager.												
PCN 06#152 This position provides clerical and administrative support to the section of Maternal, Child and Family Health with primary focus on supporting the outreach activities of Denali Kid Care including the collection and analysis of data, communication between programs, development and distribution of materials, database maintenance, and other clerical and administrative duties. This position will support the overall positions located in Fairbanks, Juneau and Anchorage.												
Six of these positions are fully funded with federal receipts, two positions will be funded with interagency receipts and one position will be funded 50% general funds and 50% interagency receipts.												
Line item adjustment ADN 0620002												
	LIT	0.0	0.0	0.0	120.0	0.0	0.0	-120.0	0.0	0	0	0
A behavioral health specialist was to be hired by a grantee to travel around the state on an itinerant basis providing training and technical assistance to ILP grantees. The ILP system was never able to recruit a qualified behavioral health specialist to do this job. Instead training and technical assistance for providers such as Healthy Families Programs, Headstart Programs, and Public Health Nursing will be provided by a clinical psychologist who will be on contract. This necessitates a transfer from the grants line to the contractual line.												
Subtotal		40,451.0	15,443.9	806.0	9,599.5	1,515.5	563.0	12,523.1	0.0	267	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	191.0	191.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		106.4										
1003 G/F Match		10.3										
1004 Gen Fund		4.4										
1005 GF/Prgm		2.8										
1007 I/A Rcpts		62.7										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maternal, Child, and Family Health (290)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1037 GF/MH		3.3										
1092 MHTAAR		1.1										
Transfer from Health Services/Medicaid for Reorganization												
	Trin	1,320.0	22.4	200.0	697.6	120.0	30.0	250.0	0.0	0	0	0
1007 I/A Rcpts		1,320.0										

Twelve staff from the former Medicaid Services Unit, including Denali KidCare Outreach, were transferred to MCFH in August 2001. The staff, located in Juneau, Anchorage and Fairbanks were reorganized and incorporated into two MCFH Units: the newly formed Children's Health Unit and the Administrative/Data Management Unit. The Children's Health Unit was established in July 2001 and received the majority of the MSU staff in MCFH. The Children's Health Unit also includes Newborn Hearing Screening, Children's Oral Health and the Healthy Families Alaska program. This interagency receipts transfer completes the re-organization by transferring the travel, contractual, supplies, equipment and grant funding associated with the Children's Health Unit and Data Management Unit.

DKC 1,130.0
 HS/M 190.0

Alaska Birth Defects Registry

	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-150.0										
1037 GF/MH		150.0										

The fund change from Federal to GF for the AK Birth Defects Registry (ABDR) will allow this essential surveillance system to continue and to expand. The ABDR is in place to identify children expected to have special health care needs and to provide vital information about the frequency and distribution of birth defects, ensuring that systems level responses are in place to meet the service needs of these children. By having ample and appropriate services available for these children, there is a greater opportunity to prevent secondary disabilities. Furthermore, information provided by the ABDR is crucial for monitoring and focusing prevention efforts for serious birth defects over time, ultimately allowing for the reduction of certain health care costs. This fund change will fund a vacant PCN (06-1841) and will also fund the existing position that works exclusively on the registry.

Pediatric Oral Health Surveillance

	Inc	300.0	0.0	0.0	300.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		300.0										

The Department requests an increase of I/A authority in the MCH component by \$300.0 to fund a children's oral health needs assessment. The I/A funding will be received from the University of Alaska in Fairbanks.

Health care providers, especially in Alaska, routinely report very high numbers of dental caries and disease in persons of all ages in rural Alaska. Sometimes these individuals use the words "an epidemic of caries and other oral health problems". These reports tell about severe problems with baby bottle tooth decay in many very young children, advanced dental disease in older children and a seeming inability to maintain healthy teeth after repairs have been made. All of this information is anecdotal because there is currently no reliable and comprehensive source of information on dental needs in the state. The limited information that is available is currently based on oral health problems tracked by tribal health providers. As a result, there is no information available upon which to make either local or statewide service delivery decisions. Further, as we begin the state planning process for the national health objectives for 2010, the Department still lacks baseline data for oral health (e.g., percentage of children with untreated decay - dental caries etc.). This information is essential to determine where to focus limited resources and then to monitor the impact of any programs or services that may be initiated.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maternal, Child, and Family Health (290)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
<p>A basic oral health surveillance system is essential. A number of states have used a comprehensive statewide needs assessment with ongoing monitoring in sentinel schools to provide oral health surveillance data for children on an ongoing basis. Funds for this project would provide the comprehensive statewide baseline data that could be the foundation for future surveillance activities. This department effort would be coordinated with the ongoing surveillance activities being done by tribal dental providers. It is expected that both the initial needs assessment and the ongoing surveillance will include preschool children. This will necessitate the identification of sentinel childcare and or Head Start programs, in addition to identified schools for monitoring over time.</p> <p>The Division of Public Health requests these funds to contract for an individual or company to design and carry out a statewide oral health assessment. Cost would include project staff, pay for screeners, training for these screeners, travel costs, supplies and data analysis and report preparation.</p>												
Specialty Clinic Receipt Authority												
	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
1005 GF/Prgm		100.0										
<p>The Department requests \$100.0 in GF/Program Receipts authority to allow the program to collect and use all receipts generated by the specialty clinics and newborn metabolic screening program.</p> <p>The Division of Public Health, Section of Maternal, Child and Family Health (MCFH) conducts specialty clinics for children who cannot access these specialty services otherwise. The Section bills all third party payers to recover as much of the cost of providing the service as possible. Currently the program lacks the authority to keep within the program all the money generated through billing. As a result, they must limit more than would otherwise be necessary, the services for the children served or they must deny services completely to other children due to inability to support additional clinic days.</p> <p>Currently MCFH has GF/PR receipt authority for \$237.7 for revenue generated by Specialty clinics and Newborn Metabolic Screening billing. It is expected that in SFY 03 the specialty clinics, together with the newborn metabolic screening program, will generate more than \$300.0 in revenue and as medical costs go up so will the generated fees. It is important to the program that the money generated as a result of providing a specific service be reinvested into these services so as to maintain or perhaps minimally enhance them.</p> <p>The Division of Public Health requests the \$100.0 be put in the contractual line in order to support payments to specialty physicians on contract to the state to provide clinic services.</p>												
Totals		42,362.0	15,657.3	1,006.0	10,697.1	1,635.5	593.0	12,773.1	0.0	267	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Health Administrative Services (292)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,368.7	800.2	3.8	541.0	18.2	5.5	0.0	0.0	11	0	1
1002 Fed Rcpts		819.0										
1004 Gen Fund		549.7										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fn1 Auth	1,362.6	919.7	37.8	209.4	168.2	27.5	0.0	0.0	10	0	1
1002 Fed Rcpts		719.6										
1004 Gen Fund		640.9										
1053 Invst Loss		0.7										
1108 Stat Desig		1.4										
<hr/>												
	Subtotal	2,731.3	1,719.9	41.6	750.4	186.4	33.0	0.0	0.0	21	0	2
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,368.7	800.2	3.8	541.0	18.2	5.5	0.0	0.0	11	0	1
1002 Fed Rcpts		819.0										
1004 Gen Fund		549.7										
Imported from Legislative Finance.												
Transfer positions from Medicaid Services Unit due to reorganization ADN 0620002												
	Trin	230.0	230.0	0.0	0.0	0.0	0.0	0.0	0.0	6	0	0
1007 I/A Rcpts		230.0										
The Medicaid Services Unit (MSU) was created in the early 1990's to assist the Division with refinancing of services eligible for Medicaid reimbursement. Over time a number of additional programs and functions that had some involvement with Medicaid financing were assigned to the Unit.												
It became evident over the past couple of years that the original function of this Unit, to develop and coordinate Medicaid reimbursement mechanisms for services provided by the Division to clients enrolled in Medicaid, would more appropriately be operationalized out of the Director's Office, as it often involves direct negotiations with the Director of the Division of Medical Assistance.												
This transaction transfers the following positions and Interagency Receipt funding from the Health Services Medicaid component to the Public Health Admin component. PCNs 06-1671, 06-1757, 06-1766, 06-1548, 06-1503, 06-1702.												
Transfer position to Maternal, Child and Family Health ADN 0620002												
	Trout	-41.8	-41.8	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
1004 Gen Fund		-41.8										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Health Administrative Services (292)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
Transfer PCN 06-1675 from Public Health Services Administration to Maternal, Child, and Family Health. This position is responsible for being the network administrator for MCFH.												
Federal authority in from Community Health/Emergency Medical Services ADN 0620002												
1002 Fed Rcpts	Trin	150.0	150.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Federal authority is being transferred from the CHEMS component and added to personal services in this component to cover salaries with regard to new federal grants being received.												
Position adjustment for federally supported projects ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0	0
The Division of Public Health has received a substantial number of new federal grants over the past few years. Most federal grant programs require significant coordination between the Division and numerous public, private, and community-based non-profit organizations. Negotiating joint workplans, resource sharing, and other collaborative activities requires a lot of staff time and expertise, and necessitates direct involvement by the Division Director's Office. The Public Health Spec II, PCN 06-#163 (06-1671), position will serve as the Director's Office representative on various federally-supported projects such as bioterrorism, tobacco prevention and cessation, and frontier health.												
The Public Health Medical Officer PCN 06-#164 (06-1009) position was created to provide the medical consultation, technical advice, expertise and training needed throughout the Division of Public Health. Many programs and services within the Division are delivered by public health nurses who must operate under standing orders from a physician who is then available for consultation and oversight. Medical and clinical direction is needed to ensure quality and appropriate delivery of health services by the division staff and grantees. The time required to provide overall leadership and management of the Division leaves the Director of Public Health virtually no time to provide that function.												
Both of these positions were established by Revised Program in FY01.												
Subtotal		4,438.2	2,858.3	45.4	1,291.4	204.6	38.5	0.0	0.0	39	0	3
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	38.9	38.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		20.5										
1004 Gen Fund		12.1										
1007 I/A Rcpts		6.3										
Transfer position to Community Health/Emergency Medical Services component												
	Trout	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
PCN 06-1835 being moved to Community Health/Emergency Medical Services component to provide expertise in techniques of health systems development for the Primary Care/Frontier Health Program.												
Transfer position to the Health Information and Systems Support component												
	Trout	-36.4	0.0	0.0	-36.4	0.0	0.0	0.0	0.0	-1	0	0
1007 I/A Rcpts		-36.4										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Health Administrative Services (292)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
Position 06-1702 is being transferred to the Health Information and Systems Support component to work as the receptionist/clerical support for this unit.												
Transfer from Health Services/Medicaid after Reorganization												
	Trin	202.9	0.0	0.0	202.9	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		202.9										
Transfer other line item funding to support transfers of positions accomplished during the FY 02 Management Plan budget. In addition, funding is transferred for Director Office review and approval of special projects identified as Medicaid supported.												
Transfer one position to Nursing												
	Trout	-194.0	-194.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
1002 Fed Rcpts		-194.0										
PCN 06-1866 is being transferred to Nursing component.												
The Medical Doctor will provide professional medical oversight and legal signature authority for all medical directives for public health nursing practice, such as immunizations, treatment orders for STDs, flouride for children's dental care, any treatment that requires prescriptive authority, and assure compliance with pharmacy laws for medications. The MD will provide consultation and training on telemedicine, child and adolescent health, prenatal and women's health, and chronic disease services. The MD will provide medical liaison with the tribal clinical directors and private sector physicians and clinics relative to PHN practice.												
Totals		4,449.6	2,703.2	45.4	1,457.9	204.6	38.5	0.0	0.0	36	0	3

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Epidemiology (296)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	11,178.3	4,206.4	278.1	1,069.7	758.3	80.0	4,785.8	0.0	64	2	0
1002 Fed Rcpts		8,510.9										
1004 Gen Fund		2,299.8										
1007 I/A Rcpts		317.6										
1108 Stat Desig		50.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Enl Auth	8,470.6	4,201.6	311.9	1,509.0	968.3	69.0	1,410.8	0.0	63	2	0
1002 Fed Rcpts		5,887.8										
1004 Gen Fund		2,055.4										
1007 I/A Rcpts		456.4										
1053 Invst Loss		7.3										
1108 Stat Desig		63.7										

Subtotal		19,648.9	8,408.0	590.0	2,578.7	1,726.6	149.0	6,196.6	0.0	127	4	0

***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	11,178.3	4,206.4	278.1	1,069.7	758.3	80.0	4,785.8	0.0	64	2	0
1002 Fed Rcpts		8,510.9										
1004 Gen Fund		2,299.8										
1007 I/A Rcpts		317.6										
1108 Stat Desig		50.0										
Imported from Legislative Finance.												

Continue federally funded positions for Epidemiology ADN 0620002

PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	9	-2	0
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The Section of Epidemiology established seven (7) positions in FY 01 and is changing (2) position from part-time to full-time. All will be federally funded from four (4) different federal grants from the Centers for Disease Control.

1. AIDS/STD:

Two positions 06-1809 - PH Specialist I and 06-1843 - Analyst/Programmer IV are being added to our AIDS/STD Program. 06-1809 will increase our interviewing and partner notification capabilities and 06-1843 will allow us to meet federal evaluation requirements.

2. Chronic Disease: (Diabetes - Cancer Registry - Arthritis)

Two positions 06-1790 - PH Medical Specialist and 06-1804 - PH Specialist I are being added to our Chronic Disease Program. 06-1790 will provide overall coordination and direction to our Chronic Disease Programs; and 06-1804 will function as a cancer registrar in our Cancer Registry Program which will increase our ability to provide technical assistance, expertise, and consultation in coordinating the functions of the Statewide Cancer Registry.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Epidemiology (296)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

3. Environmental Health:

Two positions 06-1807 - Project Manager and 06-1819 - Program Coordinator are being added to our Environmental Health Program. 06-1807 will provide overall coordination and direction to our Environmental Health Program; and 06-1819 will provide policy coordination on international and arctic environmental contamination issues for the department and facilitate communication between federal, state and tribal agencies on environmental issues in Alaska as they impact on public health.

4. Injury:

One position 06-1816 - PH Specialist II is being added to our Injury Program and will enhance and increase our ability to investigate occupational injuries and illnesses, and to organize, analyze, and disseminate the data collected. Workplaces will be visited on an as- needed basis. Available information from multiple sources, including the National Institute for Occupational Safety and Health (NIOSH) will be used to formulate injury prevention strategies for Alaska.

In addition, two part-time positions (PCNs 06-1595 and 06-1596) are being upgraded to full-time to fulfill the increased need associated with auditing/monitoring of the immunization program.

Transfer grant authority to other line items ADN 0620002

LIT	0.0	600.0	100.0	700.0	200.0	0.0	-1,600.0	0.0	0	0	0
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\$3,250.0 in federal authorization was added to the Epidemiology component by the legislature for this fiscal year to enable the receipt of an anticipated federal grant for food health research and monitoring. The authorization was placed entirely in the Grants Line, to be restricted until receipt of the grant and development of a plan for spending the funds, and subsequent line-item transfers to realign the funds appropriately. The Division now does not expect this grant to be awarded until late in FY 02. If and when the grant is received, the SFY 02 portion will most likely be much less than \$3,250.0. In the meantime, several existing continuation federal grants Epi receives have increased, requiring addition of federal authority in the appropriate lines. New or increased federal grants include: Arthritis, Injury, Tuberculosis, Immunization, Environmental Health, HIV/AIDS Prevention, Cancer Registry, and Diabetes.

Subtotal	30,827.2	13,214.4	968.1	4,348.4	2,684.9	229.0	9,382.4	0.0	200	4	0
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***** Changes From FY2002 Management Plan To FY2003 Governor *****

Year 3 Labor Costs - Net Change from FY2002

SalAdj	153.9	153.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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1002 Fed Rcpts	104.5										
1004 Gen Fund	49.4										

Transfer Authority to Personal Services

LIT	0.0	199.8	0.0	-50.0	-50.0	0.0	-99.8	0.0	0	0	0
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Transfer from other line item to cover personal services costs.

Delete position

Dec	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
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Delete PCN 06-1690.

Increase Interagency Receipt Authorization

Inc	110.0	110.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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1007 I/A Rcpts	110.0										
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Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Epidemiology (296)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
IA authorization needs to be increased to cover the additional receipts anticipated in FY03 from Medicaid. The Medicaid calculation for this component is based on a the percentage of Medicaid population when compared with total state population. Based on the current general fund authorization, additional IA authority is needed.												
Public Health Evaluation of Environmental Contaminants												
1004 Gen Fund	Inc	200.0	68.4	5.0	126.6	0.0	0.0	0.0	0.0	1	0	0
This increment is for the establishment of an Environmental Contaminants Evaluation and Monitoring Program in the Division of Public Health to provide scientifically credible public health advice about subsistence and traditionally harvested foods, primarily fish. Without a dedicated program and professional expertise, the State will not have a credible voice to speak out on food safety issues. Because the science base that underlies risk assessment methodology is controversial and unsettled, considerable public health expertise is required to answer the question, "Is this food safe to eat?"												
This increment would enable a dedicated professional staff to provide authoritative public health advice, leverage resources from other agencies, develop risk communication techniques in partnership with Alaska Natives, and provide a check on USEPA's ability to bypass State government. Environmental contaminants in subsistence foods has emerged as a major issue for Alaska subsistence consumers.												
Program Components												
- Establish a comprehensive database of existing monitoring results from key species, geographic regions, and for critical chemicals of concern. Identify key scientists responsible for ongoing monitoring to assist in risk assessments, and to develop joint future monitoring priorities.												
- Focus on recreational and subsistence use. Use data developed by the commercial seafood industry and responsible federal agencies to leverage available data and resources.												
- Develop an active program of public information and risk communication with development of local partnerships.												
- Provide expertise and resources to respond rapidly to local site concerns by having the capacity to perform limited and preliminary exposure assessments, including testing critical species and environmental samples as well as human tissue analyses.												
- Establish a formal scientific advisory board to provide scientific advice to the program. The model for this is the "Expert Toxicology Committee" that was so effective in responding to the Exxon Valdez Oil Spill.												
- Prepare and disseminate information on the nutritional and cultural benefits of recreational and subsistence food consumption so that individuals have accurate information to make informed choices about what they choose to eat.												
- Develop a formal link to stakeholders by holding periodic meetings with representatives from tribal organizations and agencies, and by presenting all available data and information on environmental contaminants in a public forum.												
This increment will establish one (1) new position as follows:												
1). Program Coordinator (R20, PCN 06-#172) - \$68.4												
This position will provide the overall program coordination of the components necessary to achieve its goals and objectives.												
In addition to this position, travel and contractual funds will be necessary to support the activities of the program. The contractual funds will be used to establish contracts to conduct laboratory testing and to conduct contaminant and dietary studies.												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Health Grants (2308)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	5,113.5	0.0	0.0	120.0	0.0	0.0	4,993.5	0.0	0	0	0
1002 Fed Rcpts		350.0										
1004 Gen Fund		4,665.2										
1037 GF/MH		98.3										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	1,365.2	7.9	38.4	52.5	51.6	40.3	1,174.5	0.0	0	0	0
1002 Fed Rcpts		160.0										
1004 Gen Fund		1,205.2										
Subtotal 6,478.7 7.9 38.4 172.5 51.6 40.3 6,168.0 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	5,113.5	0.0	0.0	120.0	0.0	0.0	4,993.5	0.0	0	0	0
1002 Fed Rcpts		350.0										
1004 Gen Fund		4,665.2										
1037 GF/MH		98.3										
Imported from Legislative Finance.												
Subtotal 11,592.2 7.9 38.4 292.5 51.6 40.3 11,161.5 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablishment of Designated BRU's												
	Trout	-3,538.3	0.0	0.0	0.0	0.0	0.0	-3,538.3	0.0	0	0	0
1004 Gen Fund		-3,440.0										
1037 GF/MH		-98.3										

In FY02, the designated funding for Regional Health Corporation Budget Request Units was transferred into the department's division components. The infrastructure and financial support for services do not exist outside the Native Health Corporations in most of the remote locations.

The Department is requesting that the funds be transferred out of the division's components and back into designated BRU's.

Manilaq 901.3 GF
Norton Sound 1271.9 GF and 98.3 GF/MH
SEARHC 120.1 GF
Tanana Chiefs 239.3 GF

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Community Health Grants (2308)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Yukon Kuskokwim	907.4 GF											
Line item transfer for tobacco enforcement contracts												
	LIT	0.0	0.0	0.0	15.5	0.0	0.0	-15.5	0.0	0	0	0
This line item transfer provides for sufficient funds for contracts with local municipal police departments to conduct tobacco sales enforcement activities.												
	Totals	8,053.9	7.9	38.4	308.0	51.6	40.3	7,607.7	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Information & System Support (2552)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	439.8	283.9	48.5	82.4	5.0	20.0	0.0	0.0	4	0	0
1002 Fed Rcpts		34.3										
1007 I/A Rcpts		101.5										
1108 Stat Desig		304.0										
Imported from Legislative Finance.												
Subtotal 439.8 283.9 48.5 82.4 5.0 20.0 0.0 0.0 4 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	439.8	283.9	48.5	82.4	5.0	20.0	0.0	0.0	4	0	0
1002 Fed Rcpts		34.3										
1007 I/A Rcpts		101.5										
1108 Stat Desig		304.0										
Imported from Legislative Finance.												
Transfer AK Public Health Improvement Project from Health Services Medicaid Unit ADN0620002												
	Trin	66.3	66.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		66.3										
The Medicaid Services Unit (MSU) was created in the early 1990's to assist the Division with refinancing of services eligible for Medicaid reimbursement. Over time a number of additional programs and functions that had some involvement with Medicaid financing were assigned to the Unit, including the Alaska Public Health Improvement Process (APHIP). It became evident over the past couple of years that the other programs that had been housed under the MSU would function better in other Sections that have broader roles under which these programs would fit.												
In this transaction, the funding for the APHIP is being moved from the Health Services Medicaid component to the Data & Evaluation Unit (DEU) in the Health Information & System Support Component. The public health system planning and development function of the APHIP is an integral part of the broader health planning functions of the DEU.												
Federal authority in from Community Health/Emergency Medical Services ADN 0620002												
	Trin	134.0	134.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		134.0										

The Health Information & System Support Component, newly established in the budget for FY 02, recently received a federal grant from the Maternal & Child Health Bureau to conduct research on injuries in Alaska and the disparities between injury rates for women and children and the general population; and to develop innovative health promotion/injury prevention models to address identified disparities in health outcomes. In addition to this new federal grant (\$81.4 allocated for SFY 02), a portion of the federal Preventive Health/Health Services Block grant is being transferred from the CHEMS component to support statewide health planning activities to assist Alaska health programs to align with the national Healthy People 2010 initiative.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Information & System Support (2552)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
Staffing for Information & System support unit ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4	0	0
Research Analyst III PCN 06#120 (established 06-1785) This position is responsible for conducting health related research, collection, and analysis from a wide variety of sources within and outside of the department to produce public health reports and to respond to data requests from community groups, policy makers, and the public. This position is critical to the Health Information & System Support component's ability to provide data, planning, and evaluation services.												
Analyst/Programmer IV PCN (06#123) This position provides specialized computer and applications support to the professional epidemiologic and planning staff in the Health Information & System Support component. This position is critical to the component's ability to provide data, planning, and evaluation services.												
Health & Social Services Planner III (06#121) This position is responsible for directing and overseeing the activities of the Health Information & System Support component. Duties include supervision of the development and maintenance of the Alaska Public Health Information System; provision of technical assistance to other state agency health programs, communities, policy makers, and the public on health data, program planning, and evaluation; and facilitation of collaborative efforts between public and private stakeholders to develop health plans for Alaska. This position is critical to the Health Information & System Support component's ability to provide data, planning and evaluation services.												
Administrative Assistant (PCN 06#122) This position is critical to the operation of the Health Information & System Support component. It provides technical level administrative support for the component, including financial management and budgeting assistance, purchasing, travel, meeting and conference organization, personnel and payroll assistance, database management, and general office management.												
These positions are funded by federal receipts & statutory designated program receipts.												
<hr/>												
	Subtotal	1,079.9	768.1	97.0	164.8	10.0	40.0	0.0	0.0	12	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	16.0	16.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		4.1										
1007 I/A Rcpts		2.8										
1108 Stat Desig		9.1										
Transfer position from Public Health Administrative Services												
	Trin	36.4	36.4	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1007 I/A Rcpts		36.4										
PCN 06-1702 transferred to Health Information and Systems Support unit to work as receptionist/clerical support for the unit.												
Transfer Contractual Services to Personal Services												
	LIT	0.0	38.6	0.0	-38.6	0.0	0.0	0.0	0.0	0	0	0
The HISS unit needs to transfer contractual services authority to personal services to cover existing positions.												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Information & System Support (2552)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
Child Health Initiative: Child Health Indicators												
	Inc	90.0	61.5	0.0	25.0	0.0	3.5	0.0	0.0	1	0	0
1004 Gen Fund		90.0										
The Department requests \$90.0 to support a full-time Research Analyst and the operational work needed to collect, analyze and disseminate, on behalf of DHSS and DEED, information that will inform Alaskans of the overall health and well-being of Alaska children, trends in health status and impacts of programs and services implemented to improve their status.												
Alaska's young children have a right to be healthy, safe, and successful at home, at school, and in their communities. The Child Health Indicators Program is an effort to regularly review and refine the critical outcomes to aim for, strategies for achieving the objectives set, and measurement tools and analysis needed to improve the health and well-being of Alaska's children. The Interdepartmental Council on Early Childhood (ICEC), a joint DHSS and DEED group, will oversee this activity.												
The Child Health Indicators Program position will:												
(1) work with the Interdepartmental Council on Early Childhood (ICEC) to develop indicators of child health, school readiness and well-being;												
(2) serve as liaison between the Departments (Health & Social Services, and Education and Early Development) on the early childhood indicators; and												
(3) conduct the integrated policy analysis and research with health data, education data, and socio-economic and other community level data to produce usable information that will be disseminated through a series of new reports and web-based methods and serve as a basis for policy-making and program improvement.												
The existing Data and Evaluation Unit Manager will provide guidance and supervision, especially regarding epidemiological methodologies and policy analysis. Clerical and publications support will also be provided by existing staff.												
The Division of Public Health is requesting the \$90.0 in funding in the following areas:												
Personnel--\$61.5 to support a Research Analyst III (PCN 06-#173) - to collect and analyze the data and produce the information in a usable and informative format.												
Contractual--\$25.0 to pay for publishing reports, informational updates, etc., postage, and the related operational expenses for this work.												
Equipment--\$3.5 to purchase a workstation and computer for this position.												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Bureau of Vital Statistics (961)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,845.8	1,285.1	26.5	436.5	76.4	21.3	0.0	0.0	27	1	0
1002 Fed Rcpts		253.8										
1004 Gen Fund		218.0										
1007 I/A Rcpts		288.9										
1156 Rcpt Svcs		1,085.1										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Enl Auth	1,798.3	1,209.8	26.5	447.5	93.2	21.3	0.0	0.0	25	1	0
1002 Fed Rcpts		279.9										
1004 Gen Fund		47.5										
1007 I/A Rcpts		297.8										
1053 Invst Loss		20.3										
1108 Stat Desig		2.7										
1156 Rcpt Svcs		1,150.1										
Subtotal												
		3,644.1	2,494.9	53.0	884.0	169.6	42.6	0.0	0.0	52	2	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,845.8	1,285.1	26.5	436.5	76.4	21.3	0.0	0.0	27	1	0
1002 Fed Rcpts		253.8										
1004 Gen Fund		218.0										
1007 I/A Rcpts		288.9										
1156 Rcpt Svcs		1,085.1										
Imported from Legislative Finance.												
Federal authority in from Community Health/Emergency Medical Services ADN 0620002												
	Trin	44.0	44.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		44.0										
Federal authority is being transferred from the CHEMS component to support BVS staff involvement in the development of the newborn hearing screening reports in the new electronic birth registration system. The federal funding is provided from the Maternal and Child Health block grant.												
Increase Public Service Staffing in Fairbanks and Juneau ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	-1	0
Upgrading the part-time position (PCN 06-1761) in Fairbanks to full time is necessary to fully staff the public service office opened there this year. This office waits on the public and provides certified copies of vital records, marriage licenses, and provides information and contacts for a variety of vital record issues. The office also collects fees for services. One person cannot meet the public demand for services on a daily basis. Employees are also charged												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Bureau of Vital Statistics (961)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
with securing money collected on behalf of the state and a \$200 change fund, safeguarding confidential vital records while protecting valuable certificate stock. Employee safety could be compromised with only one employee in this office. The Bureau of Vital Statistics has invested in security equipment and monitoring services for this office to improve safety and protect state assests.												
PCN 06-#165 (06-1859) was established to support the Heirloom Marriage Certificate program. Position runs computer programs designed to store marriage data and print certificates. Initially, this position will also key in marriage records prior to 1977, then position will add records as they are received and certified by the Bureau. Position will process all requests for heirloom marriage certificates, coordinating with the Governor's Office and the Alaska Children's Trust for signatures and supplies.												
	Subtotal	5,533.9	3,824.0	79.5	1,320.5	246.0	63.9	0.0	0.0	81	2	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	45.5	45.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		7.4										
1004 Gen Fund		6.8										
1007 I/A Rcpts		5.4										
1156 Rcpt Svcs		25.9										
Correct Funding Source for Salary Adjustments due to Unrealized Receipts												
	SalAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-7.4										
1007 I/A Rcpts		-5.4										
1156 Rcpt Svcs		12.8										
	Totals	5,579.4	3,869.5	79.5	1,320.5	246.0	63.9	0.0	0.0	81	2	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Services/Medicaid (1437)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	3,952.8	1,158.8	173.6	1,790.6	138.5	64.3	627.0	0.0	20	0	0
1007 I/A Rcpts		3,952.8										
Imported from Legislative Finance.												
FY01 Final Authorized												
	FnI Auth	3,637.6	1,280.6	193.1	973.1	309.5	64.3	817.0	0.0	22	0	0
1002 Fed Rcpts		116.7										
1004 Gen Fund		116.4										
1007 I/A Rcpts		3,101.6										
1108 Stat Desig		302.9										
Subtotal												
		7,590.4	2,439.4	366.7	2,763.7	448.0	128.6	1,444.0	0.0	42	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	3,952.8	1,158.8	173.6	1,790.6	138.5	64.3	627.0	0.0	20	0	0
1007 I/A Rcpts		3,952.8										
Imported from Legislative Finance.												
Transfer to Public Health Admin Svcs due to Medicaid reorg ADN 0620002												
	Trout	-230.0	-230.0	0.0	0.0	0.0	0.0	0.0	0.0	-6	0	0
1007 I/A Rcpts		-230.0										
Reorganization of the Medicaid Services Unit												

The Medicaid Services Unit (MSU) was created in the early 1990's to assist the Division with refinancing of services eligible for Medicaid reimbursement. Over time a number of additional programs and functions that had some involvement with Medicaid financing were assigned to the Unit, including the Denali KidCare Outreach program, quality assurance for Early & Periodic Screening, Diagnosis and Treatment (EPSDT) service provision, and the Alaska Public Health Improvement Process (APHIP).

It became evident over the past couple of years that the original function of this Unit, to develop and coordinate Medicaid reimbursement mechanisms for services provided by the Division to clients enrolled in Medicaid, would more appropriately be operationalized out of the Director's Office, as it often involves direct negotiations with the Director of the Division of Medical Assistance. It was determined that the other programs that had been housed under the MSU would also function better in other Sections that have broader roles under which these programs would fit. Thus, the Denali KidCare Outreach program is being moved to the Section of Maternal, Child and Family Health because of that Section's role in developing medical and other health services and systems for children; quality assurance for EPSDT is being moved to the Section of Public Health Nursing as it primarily involves internal QA on services provided by public health nurses; the APHIP is being moved to the Data & Evaluation Unit (DEU) (Health Information & System Support Component), as the public health system planning and development function of the APHIP is an integral part of the broader health planning functions of the DEU.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Services/Medicaid (1437)

RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
For reasons noted above, the Medicaid financing functions and the following positions are being transferred to the Director's Office in the Public Health Admin Services component. PCNs 06-1671, 06-1757, 06-1766, 06-1548, 06-1503, 06-1702												
Transfer positions to Maternal, Child, and Family Health due to Medicaid reorganization ADN 0620002												
	Trout	-700.3	-700.3	0.0	0.0	0.0	0.0	0.0	0.0	-11	0	0
1007 I/A Rcpts		-700.3										
The Medicaid Services Unit (MSU) was created in the early 1990's to assist the Division with refinancing of services eligible for Medicaid reimbursement. It became evident over the past couple of years that the other programs that had been housed under the MSU would function better in other Sections that have broader roles under which these programs would fit. Thus, the Denali KidCare Outreach program is being moved to the Section of Maternal, Child and Family Health because of that Section's role in developing medical and other health services and systems for children.												
This transaction transfers 11 positions and Interagency Receipt funding for the Denali KidCare Outreach program from the Medicaid Services Unit to Maternal, Child, and Family Health due to this re-organization.												
PCN 06-1569												
PCN 06-1572												
PCN 06-1570												
PCN 06-1518												
PCN 06-1538												
PCN 06-1764												
PCN 06-1772												
PCN 06-1773												
PCN 06-1771												
PCN 06-1765												
PCN 06-1774												
Transfer AK Public Health Improve Project to HISS component ADN 0620002												
	Trout	-66.3	-66.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		-66.3										
The Medicaid Services Unit (MSU) was created in the early 1990's to assist the Division with refinancing of services eligible for Medicaid reimbursement. Over time a number of additional programs and functions that had some involvement with Medicaid financing were assigned to the Unit, including the Alaska Public Health Improvement Process (APHIP). It became evident over the past couple of years that the other programs that had been housed under the MSU would function better in other Sections that have broader roles under which these programs would fit.												
In this transaction, the funding for the APHIP is being to the Data & Evaluation Unit (DEU) in the Health Information & System Support Component. The public health system planning and development function of the APHIP is an integral part of the broader health planning functions of the DEU.												
Transfer of childhood injury prevention position ADN 0620002												
	Trout	-80.9	-80.9	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
1007 I/A Rcpts		-80.9										

PCN 06-1344 is being transferred from the Health Services/Medicaid budget component to the Community Health/Emergency Medical Services (CHEMS)

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Health Services/Medicaid (1437)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
budget component to consolidate and strengthen the capacity for preventing childhood unintentional injuries in the state. CHEMS houses the Division of Public Health's statewide injury prevention program.												
Transfer positions to the Section of Nursing due to Medicaid reorg ADN 0620002												
	Trout	-462.4	-81.3	0.0	0.0	0.0	0.0	-381.1	0.0	-2	0	0
1007 I/A Rcpts		-462.4										
The Medicaid Services Unit (MSU) was created in the early 1990's to assist the Division with refinancing of services eligible for Medicaid reimbursement. It became evident over the past couple of years that the programs that had been housed under the MSU would function better in other Sections that have broader roles under which these programs would fit. Thus, quality assurance for Early & Periodic Screening, Diagnosis and Treatment (EPSDT) is being moved to the Section of Public Health Nursing as it primarily involves internal quality assurance on services provided by public health nurses												
Subtotal		10,003.3	2,439.4	540.3	4,554.3	586.5	192.9	1,689.9	0.0	42	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Transfer to Nursing Other line Item Authority for Health Services/Medicaid Reorganization												
	Trout	-790.0	0.0	-40.0	-550.0	-40.0	-10.0	-150.0	0.0	0	0	0
1007 I/A Rcpts		-790.0										
The Medicaid Services unit was reorganized during FY 2002, for better management purposes. Positions were transferred during the Management Plan phase of budget preparation, but other lines were kept to allow a better review of the reorganization. This transfer gives I/A authority to the Nursing component where it will be earned, primarily by providing Nursing services supported by Medicaid.												
Transfer to MCFH other line items from Health Services/Medicaid Reorganization												
	Trout	-1,320.0	0.0	-133.6	-937.7	-98.5	-54.3	-95.9	0.0	0	0	0
1007 I/A Rcpts		-1,320.0										
During the Management plan budget the Health Services Medicaid unit was disbanded based on a reorganization. The Denali Kid Care and several Medicaid program positions were transferred to the Children's Services unit in MCFH. This transfer completes the re-organization by transferring \$1,130.0 in DKC and \$190.0 in Medicaid Services other line items to support those programs.												
Transfer to Labs Component Authority to cover Changes in Medicaid Billing												
	Trout	-100.0	0.0	0.0	-100.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		-100.0										
The Health Services/Medicaid component is being deleted. Interagency Receipts Authority is transferred to Public Health Laboratories.												
Transfer to Public Health Admin other funding for Health Service/Medicaid Reorg and Special Projects												
	Trout	-202.9	0.0	0.0	-202.9	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		-202.9										
Transfer other line items to support positions transferred to the Director's Office during the FY 02 Management Plan re-organization. The interagency receipt transfer will also cover special project requests funded by Medicaid Services.												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Health Services/Medicaid (1437)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	Totals	7,590.4	2,439.4	366.7	2,763.7	448.0	128.6	1,444.0	0.0	42	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Health/Emergency Medical Services (2078)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	17,540.4	2,146.9	319.6	3,845.0	341.5	175.3	10,712.1	0.0	32	4	2
1002 Fed Rcpts		16,344.4										
1004 Gen Fund		816.0										
1005 GF/Prgm		49.8										
1007 I/A Rcpts		330.2										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fnl Auth	5,443.9	1,812.7	330.6	2,119.5	263.9	233.3	683.9	0.0	25	3	2
1002 Fed Rcpts		4,183.1										
1004 Gen Fund		713.3										
1005 GF/Prgm		47.5										
1007 I/A Rcpts		471.3										
1053 Invst Loss		3.5										
1108 Stat Desig		25.2										
Subtotal												
		22,984.3	3,959.6	650.2	5,964.5	605.4	408.6	11,396.0	0.0	57	7	4

***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	17,540.4	2,146.9	319.6	3,845.0	341.5	175.3	10,712.1	0.0	32	4	2
1002 Fed Rcpts		16,344.4										
1004 Gen Fund		816.0										
1005 GF/Prgm		49.8										
1007 I/A Rcpts		330.2										
Imported from Legislative Finance.												
Sale of Tobacco Products CH 88 SLA 2001 (HB 228) ADN 0620005												
	FisNot	487.9	72.1	60.9	344.4	2.0	8.5	0.0	0.0	1	0	0
1119 Tobac Setl		487.9										

Enforcement of tobacco sales to minors program. An effective enforcement program includes community-based enforcement, year-round enforcement checks, accountability of sales staff and vendors, and vendor education and training.

A full time project coordinator is added and will be responsible for : 1) facilitating an inter-departmental working group with the Division of Public Health, Division of Alcohol and Drug Abuse, Civil and Criminal Divisions of the Dept of Law, the Dept of Public Safety, and the Division of Occupational Licensing; 2) developing an interagency working agreement; 3) developing vendor education; 4) coordinating enforcement efforts; 5) administering contracts with local police depts; and 6) facilitating community education and community development. Personal services also includes a portion of the existing tobacco prevention and control program manager and a portion of an admin clerk.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Health/Emergency Medical Services (2078)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

Travel includes: coordination trips for project and program coordinators to meet with community-based partners and the Alaska Tobacco Control Alliance, transporting enforcement staff and youth to communities where investigations will occur, and project coordinator attendance at the annual Synar conference.

Contractual services costs include 1) contracts with local police departments and officers to conduct the enforcement checks; 2) contracts to design, print and distribute vendor educational materials to assist vendors in meeting state law; 3) training of vendors in the use of these materials; 4) RSAs with the Departments of Law and Commerce and Economic Development for adjudicating noncompliance cases and 5) other administrative costs.

Supply and equipment costs are also included.

Transfer of childhood injury prevention position ADN 0620002

Trin	80.9	80.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1007 I/A Rcpts	80.9											

The Medicaid Services Unit (Health Services/Medicaid budget component), within the Division of Public Health, is being disbanded and its staff is being transferred to other section's within the Division, based on each position's functions, roles, and responsibilities.

PCN 06-1344 is being transferred to the Community Health/Emergency Medical Services (CHEMS) budget component to consolidate and strengthen the capacity for preventing childhood unintentional injuries in the state. CHEMS houses the Division of Public Health's statewide injury prevention program. The position being transferred worked within the Medicaid Services Unit primarily with children and youth under the age of 18 years, with childhood safety issues, and with public health nurses throughout the state. (Public health nurses are one of the injury prevention program's key conduits to children and families in nonurban Alaska.)

Transfer of federal authority for implementation of federal grants ADN 0620002

LIT	0.0	416.9	0.0	0.0	0.0	0.0	-416.9	0.0	13	-4	0
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A total of \$416.9 is being transferred from the grants line to the personal services line to cover the costs of personnel implementing and overseeing newly funded federal grant programs.

A Publications Specialist, PCN 06#112, will serve as a resource to the Section of Community Health & EMS in the design and production of publications such as reports, newsletters, articles, brochures, educational and training materials, public awareness materials related to the Behavioral Risk Factor Surveillance System, tobacco prevention and control, injury prevention, emergency medical services, poison control, primary health care, health promotion, cardiovascular health, bioterrorism planning and response, and telemedicine programs. The position will be responsible for planning, researching, designing, writing, and publication of these materials.

A Health & Social Services Planner, PCN 06#113 (06-1815), position will be responsible for trauma registry data management, research, data analysis, and data presentation. The gathering and analysis of injury data is a critical component of the state's injury prevention program and the development, implementation, and monitoring of the program's statewide injury prevention plan, which focuses on reducing injuries and deaths among Alaskans. The position will develop education and public awareness materials related to injury prevention for statewide distribution.

Four administrative clerk positions, PCNS 06#114, #115, #116, #117 (06-1820, 1821, 1822, 1823 respectively), will conduct health surveys via telephone interviews for the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System, the Pregnancy Risk Assessment Monitoring system, and other health surveys for the State of Alaska. The data collected are necessary for public health program planning and evaluation and are often required for federal grant applications. The data also are used to measure progress toward national and state health objectives to guide state health policy.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Health/Emergency Medical Services (2078)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

One position, PCN #119 (07-1829), will be the lead staff in the Division of Public Health in promoting the use of telehealth as a means of increasing accessibility, quantity, and cost-effectiveness of health care services to Alaskans, especially Alaskans in rural areas of the state. The position will communicate with, and provide technical assistance to, departmental staff and staff from other agencies in the state regarding telehealth and will represent the department at telehealth meetings throughout the state. The position will work closely with organizations on projects related to telehealth program planning, policies, and evaluation.

An Administrative Clerk, PCN 06#124 (06-1844), position will be the only administrative support staff for the Anchorage field office of the Section of Community Health & EMS (CHEMS). The position will support up to seven professional positions in the field office.

The Public Health Specialist, PCN #140, position will be supported by a Centers for Disease Control and Prevention (CDC) cardiovascular health grant. This grant project will be for the development of a statewide, comprehensive cardiovascular health program designed to expand existing cardiovascular health coalitions, improve Alaska's ability to monitor cardiovascular disease, prioritize population-based cardiovascular health strategies that are culturally appropriate, and develop and implement cardiovascular health training programs.

Grant funds are available for the following reason. CHEMS had anticipated a large amount of grant funds as part of a new federal initiative, the Frontier Health Project, from the Health Resources and Services Administration (HRSA). These grant funds were to come to CHEMS and be awarded statewide for several rural health projects. However, because of unanticipated federal requirements and as a result of discussions with HRSA, a large proportion of the grant funds now will be awarded directly from HRSA to various agencies without the involvement of CHEMS.

This transfer also includes the change of four positions from part-time to full-time, these positions were modified to full-time to accommodate increased work loads associated with the new federal programs.

06-1734

Admin Clk II PT to FT

This position provides clerical support for the Tobacco Program. The time status increase is being funded under the existing federal tobacco control grant.

06-1743

Admin Clk III PT to Admin Supervisor FT

This position provides supervision for the student intern positions that conduct the telephone surveys for the Behavioral Risk Factor Surveillance Program. The reclassification and time status change are being funded with existing federal Preventive Health/Health Services Block grant funds.

06-1812

Admin Clk II PT to FT

This position provides clerical support for the Rural Health Program. The time status increase is being funded with additional federal grant dollars received this year under the Primary Care Cooperative Agreement and a new federal grant from the Health Resources and Services Administration for statewide rural health planning.

06-?046

Admin Clk III PT to Health Program Manager II FT

This position was previously intended to provide part time clerical support for the Rural Health Program. These services will now be provided by 06-1812 (changed from PT to FT). This position has recently been reclassified to a Health Program Manager II and will serve as the program manager for the new Cardiovascular Disease Program. This program is being funded with a new federal Cardiovascular Health Program grant from the Centers for Disease Control and Prevention to develop and implement health promotion strategies to reduce cardiovascular disease in Alaska.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Health/Emergency Medical Services (2078)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Federal authority to Healthy Families component ADN 0620002												
1002 Fed Rcpts	Trout	-32.0	0.0	0.0	0.0	0.0	0.0	-32.0	0.0	0	0	0
This component will not be receiving some of the Frontier Health grant as originally planned. This authority is being transferred to Healthy Families component for new federal grants they will be receiving.												
Federal authority to Bureau of Vital Statistics component ADN 0620002												
1002 Fed Rcpts	Trout	-44.0	0.0	0.0	0.0	0.0	0.0	-44.0	0.0	0	0	0
This component will not be receiving some of the Frontier Health grant as originally planned. This authority is being transferred to Bureau of Vital Statistics component for new federal grants they will be receiving.												
Federal Authority to Health Info & System Support ADN 0620002												
1002 Fed Rcpts	Trout	-134.0	0.0	0.0	0.0	0.0	0.0	-134.0	0.0	0	0	0
This component will not be receiving some of the Frontier Health grant as originally planned. This authority is being transferred to Health Information & System Support component for new federal grants they will be receiving.												
Federal authority to Public Health laboratories ADN 0620002												
1002 Fed Rcpts	Trout	-90.0	0.0	0.0	0.0	0.0	0.0	-90.0	0.0	0	0	0
This component will not be receiving some of the Frontier Health grant as originally planned. This authority is being transferred to Public Health Laboratories component for new federal grants they will be receiving.												
Federal authority to Public Health Administrative Services ADN 0620002												
1002 Fed Rcpts	Trout	-150.0	0.0	0.0	0.0	0.0	0.0	-150.0	0.0	0	0	0
This component will not be receiving some of the Frontier Health grant as originally planned. This authority is being transferred to Public Health Administrative Services component for new federal grants they will be receiving.												
<hr/>												
Subtotal		40,643.5	6,676.4	1,030.7	10,153.9	948.9	592.4	21,241.2	0.0	104	7	6
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
1002 Fed Rcpts	SalAdj	89.8	89.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		64.9										
		14.8										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Health/Emergency Medical Services (2078)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1005 GF/Prgm		1.2										
1007 I/A Rcpts		5.2										
1168 Tob Ed/Ces		3.7										

Transfer position from Public Health Administrative Services

Trin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
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PCN 06-1835 is being moved from the Public Health Administrative Services component to provide expertise in techniques of health systems development for the Primary Care/Frontier Health Program. The Frontier Health Program is a federally funded program in primary care with a focus on rural areas and underserved populations. The position will apply techniques of health systems development, such as federal and state primary care statutes and policy analysis, network development; collaboration among boards and chief executive officers from primary care and other health care organizations, with a statewide focus on health systems development; institutionalization of health care policies and programs; resource (health care workforce and funding) analysis; and advocacy for health systems sustainability among state and federal leaders in primary care.

The position is expected to promote health systems development by implementing a variety of steps to assure collaboration among a number of statewide and local chief executive officers and policy makers. The outcome of the health systems development efforts is to strengthen frontier health/primary care policies, statutes and regulations. This position conducts analysis of the Federal Community Health Center statutes and the National Health Service Corps statutes so that policy decisions are favorable to a frontier state like Alaska. This position writes and coordinates input from a variety of professional organizations to produce complex written documents for dissemination to public policy makers. The position will be funded with existing Federal Receipt authority in the CHEMS component.

Tobacco Settlement Fund Source Change

FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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1119 Tobac Setl	-487.9
1168 Tob Ed/Ces	487.9

The FY 02 Budget assigned the revenue source for the Fiscal Note on HB 228 as Tobacco Settlement Funds (GF). However, a new fund was created, the Tobacco Cessation and Education Fund (non-GF), into which a portion of the Tobacco Settlement was placed. This fund change reflects the conversion of Settlement funds to the new funding source in FY 03. This funding will continue to support the Tobacco Prevention and Control program.

Tobacco Use by Minors

Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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1156 Rcpt Svcs	100.0
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It is reported that 80% of Alaska's adult smokers started smoking between the ages of 10 and 20. Recognizing the health risks of early tobacco addiction, Federal law holds states accountable for maintaining a non-compliance rate of sales of tobacco to minor laws of no more than 20%. Alaska's non-compliance rate has been in the mid 30 percentile. FY01 survey data indicate that nearly two-thirds of tobacco vendors in rural Alaska sold tobacco products to youth.

As part of Chapter 88, SLA 2001 (HB 228), there were increases to fees for tobacco endorsements on business licenses, which were to be used to help offset the cost of enforcement necessary to reduce vendor sales of tobacco products to youth. This increment will give the department's enforcement program authorization to expend the increased revenues collected from the endorsement fees.

The Department of Health and Social Services was also given the authority to issue citations for certain offenses concerning tobacco sales to minors. This funding will help support moving from sporadic enforcement efforts in a limited number of communities in the state to persistent, consistent enforcement

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Health/Emergency Medical Services (2078)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
efforts statewide.												
Two-Way Radio Chargeback												
Inc		50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		50.0										
<p>The Department of Administration oversees the maintenance and operation of the state's emergency medical services telecommunications equipment. In FY 96 the responsibility to fund the maintenance and operation of this system was transferred to the Section of Community Health & Emergency Medical Services (CHEMS), in the Department of Health & Social Services, along with the GF needed for that year. An RSA is placed yearly to pay for radio and circuits, space and power, a dedicated 911 line from Healy to Fairbanks, and dedicated lines for 4 emergency call boxes on the Seward Highway.</p> <p>In FY 96, the cost of these telecommunications services was \$142.9. In FY 02, the cost of these same services has risen to \$271.0 (an increase of \$128.1, or 89.6 percent).</p> <p>Maintaining a statewide EMS communications system is essential to guaranteeing that persons can access EMS responders, ambulance and 1st responder teams can be dispatched to the scene, and EMS providers can communicate with hospitals and other emergency response agencies. Failures in the system can result in lives lost.</p> <p>This increment will offset part of the increased costs of maintaining the system.</p>												
Totals		40,883.3	6,766.2	1,030.7	10,303.9	948.9	592.4	21,241.2	0.0	105	7	6

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Infant Learning Program Grants (298)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	5,752.6	0.0	0.0	0.0	0.0	0.0	5,752.6	0.0	0	0	0
1004 Gen Fund		868.6										
1007 I/A Rcpts		330.7										
1037 GF/MH		4,553.3										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	5,762.6	0.0	0.0	0.0	0.0	0.0	5,762.6	0.0	0	0	0
1004 Gen Fund		868.6										
1007 I/A Rcpts		1,040.7										
1037 GF/MH		3,853.3										
Subtotal 11,515.2 0.0 0.0 0.0 0.0 0.0 11,515.2 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	5,752.6	0.0	0.0	0.0	0.0	0.0	5,752.6	0.0	0	0	0
1004 Gen Fund		868.6										
1007 I/A Rcpts		330.7										
1037 GF/MH		4,553.3										
Imported from Legislative Finance.												
Subtotal 17,267.8 0.0 0.0 0.0 0.0 0.0 17,267.8 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Child Health: Infant Learning Program Service Expansion												
	Inc	200.0	0.0	0.0	0.0	0.0	0.0	200.0	0.0	0	0	0
1037 GF/MH		200.0										
FY03 \$200.0 GF/MH Increment for Enhanced Early Intervention/Infant Learning Program (EI/ILP) Services												
Funds are needed to enhance EI/ILP services for all children and their families, especially those in rural and remote communities; maintain the infrastructure of the EI/ILP system to ensure that a sufficient number of trained, qualified staff are available to deliver services; and provide early intervention services to children newly identified with delays or disabilities, such as those diagnosed with congenital hearing loss through newborn hearing screening.												
Totals 17,467.8 0.0 0.0 0.0 0.0 0.0 17,467.8 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Emergency Medical Services Grants (2309)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,760.1	0.0	0.0	0.0	0.0	0.0	1,760.1	0.0	0	0	0
1004 Gen Fund		1,710.1										
1007 I/A Rcpts		50.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Enl Auth	1,760.1	0.0	0.0	0.0	0.0	0.0	1,760.1	0.0	0	0	0
1004 Gen Fund		1,710.1										
1007 I/A Rcpts		50.0										
Subtotal 3,520.2 0.0 0.0 0.0 0.0 0.0 3,520.2 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,760.1	0.0	0.0	0.0	0.0	0.0	1,760.1	0.0	0	0	0
1004 Gen Fund		1,710.1										
1007 I/A Rcpts		50.0										
Imported from Legislative Finance.												
EMS Code Blue Project Match Sec 80(b) (4) CH 61 SLA 2001 P119 L 9 (SB 29) ADN 0620010												
	ReAprop	333.0	0.0	0.0	0.0	0.0	0.0	333.0	0.0	0	0	0
1004 Gen Fund		333.0										
Emergency Medical Services ambulance and first responder personnel need adequate, reliable emergency medical equipment and ambulances to provide effective life-saving services. Under a grant program administered by the U.S. Dept of Agriculture, up to 75% of the cost of ambulances and medical equipment can be provided to communities who meet certain financial eligibility criteria. This funding will provide the required matching funds.												
Subtotal 5,613.3 0.0 0.0 0.0 0.0 0.0 5,613.3 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals 5,613.3 0.0 0.0 0.0 0.0 0.0 5,613.3 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: State Medical Examiner (293)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1004 Gen Fund	ConfCom	1,234.4	929.0	7.1	205.8	49.3	43.2	0.0	0.0	13	0	0
		1,234.4										
Imported from Legislative Finance.												
FY01 Final Authorized												
1004 Gen Fund	Fnl Auth	1,031.8	704.4	14.1	230.8	70.3	12.2	0.0	0.0	13	0	0
1053 Invst Loss		1,014.2										
1108 Stat Desig		6.1										
		11.5										
Subtotal		2,266.2	1,633.4	21.2	436.6	119.6	55.4	0.0	0.0	26	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1004 Gen Fund	ConfCom	1,234.4	929.0	7.1	205.8	49.3	43.2	0.0	0.0	13	0	0
		1,234.4										
Imported from Legislative Finance.												
Subtotal		3,500.6	2,562.4	28.3	642.4	168.9	98.6	0.0	0.0	39	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
1004 Gen Fund	SalAdj	33.0	33.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
		33.0										
Totals		3,533.6	2,595.4	28.3	642.4	168.9	98.6	0.0	0.0	39	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Healthy Families (2160)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,300.6	221.3	0.0	100.0	0.0	0.0	979.3	0.0	5	0	0
1004 Gen Fund		1.8										
1007 I/A Rcpts		1,198.8										
1092 MHTAAR		100.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	1,301.2	221.9	0.0	100.0	0.0	0.0	979.3	0.0	5	0	0
1004 Gen Fund		1.8										
1007 I/A Rcpts		1,195.2										
1053 Invst Loss		1.5										
1092 MHTAAR		100.0										
1108 Stat Desig		2.7										
Subtotal												
		2,601.8	443.2	0.0	200.0	0.0	0.0	1,958.6	0.0	10	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,300.6	221.3	0.0	100.0	0.0	0.0	979.3	0.0	5	0	0
1004 Gen Fund		1.8										
1007 I/A Rcpts		1,198.8										
1092 MHTAAR		100.0										
Imported from Legislative Finance.												
Federal authority in from Community Health/Emergency Medical Services ADN 0620002												
	Trin	32.0	32.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		32.0										
The Healthy Families program is partially supported with federal funds from the MCH Block Grant. Increased federal authority is required to support salary increases and merit increases for the public health nurses supported under this program.												
Subtotal												
		3,934.4	696.5	0.0	300.0	0.0	0.0	2,937.9	0.0	15	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	8.0	8.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		1.1										
1007 I/A Rcpts		6.9										

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Healthy Families (2160)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	Totals	3,942.4	704.5	0.0	300.0	0.0	0.0	2,937.9	0.0	15	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Health Laboratories (2252)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	4,098.5	2,366.7	32.3	810.4	628.0	261.1	0.0	0.0	43	1	0
1002 Fed Rcpts		605.2										
1004 Gen Fund		2,942.4										
1005 GF/Prgm		71.0										
1007 I/A Rcpts		479.9										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Enl Auth	3,462.7	1,928.4	45.8	720.5	660.9	107.1	0.0	0.0	40	0	0
1002 Fed Rcpts		534.6										
1004 Gen Fund		2,402.8										
1005 GF/Prgm		14.8										
1007 I/A Rcpts		480.3										
1053 Invst Loss		10.6										
1108 Stat Desig		19.6										
Subtotal												
		7,561.2	4,295.1	78.1	1,530.9	1,288.9	368.2	0.0	0.0	83	1	0

***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	4,098.5	2,366.7	32.3	810.4	628.0	261.1	0.0	0.0	43	1	0
1002 Fed Rcpts		605.2										
1004 Gen Fund		2,942.4										
1005 GF/Prgm		71.0										
1007 I/A Rcpts		479.9										
Imported from Legislative Finance.												
Federal authority in from Community Health/Emergency Medical Services ADN 0620002												
	Trin	90.0	90.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		90.0										

Federal authority is being transferred from the CHEMS component and added to personal services in this component to cover salaries with regard to new federal grants being received.

Increased federal authority is required to enable the public health laboratories to spend its portion of the Bioterrorism grant from CDC. Federal authority for this grant was originally placed entirely in the CHEMS Component, but the funded activities are now distributed across a number of components, including Labs, Epidemiology, and CHEMS.

The Bioterrorism position in Labs was established to develop and write laboratory protocols and procedures to support response to bioterrorist threats in

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Public Health Laboratories (2252)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Alaska.												
Adjust Count for Bioterrorism Position												
PosAdj		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
A position (PCN 06-1782) was added through the RP process in FY2001. The Bioterrorism position in Labs was established to develop and write Lab protocols and procedures as they pertain to handling of Bioterrorism problems and issues which could happen in Alaska.												
Subtotal		11,749.7	6,751.8	110.4	2,341.3	1,916.9	629.3	0.0	0.0	127	2	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
SalAdj		81.4	81.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		5.9										
1004 Gen Fund		59.9										
1005 GF/Prgm		1.7										
1007 I/A Rcpts		13.9										
Correct Funding Sources for Salary Adjustment due to unrealized receipts												
SalAdj		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		13.9										
1007 I/A Rcpts		-13.9										
Transfer from Health Services/Medicaid Funding Increase												
Trin		100.0	100.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		100.0										
Based on changing procedures for how the Labs component charges Medicaid for services rendered, additional I/A authority will be required.												
In order to cover existing salaries, the \$100.0 is moved to personal services.												
Transfer Equipment to Personal Services												
LIT		0.0	89.0	0.0	0.0	0.0	-89.0	0.0	0.0	0	0	0
In order to allow for existing salaries, \$89.0 is transferred from Equipment line to Personal Services line.												
Totals		11,931.1	7,022.2	110.4	2,341.3	1,916.9	540.3	0.0	0.0	127	2	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Women, Infants and Children (1013)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	20,542.2	0.0	0.0	0.0	15,947.0	0.0	4,595.2	0.0	0	0	0
1002 Fed Rcpts		16,842.2										
1108 Stat Desig		3,700.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	FnI Auth	20,516.5	0.0	0.0	26.0	15,245.3	0.0	5,245.2	0.0	0	0	0
1002 Fed Rcpts		16,842.2										
1108 Stat Desig		3,674.3										
Subtotal												
		41,058.7	0.0	0.0	26.0	31,192.3	0.0	9,840.4	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	20,542.2	0.0	0.0	0.0	15,947.0	0.0	4,595.2	0.0	0	0	0
1002 Fed Rcpts		16,842.2										
1108 Stat Desig		3,700.0										
Imported from Legislative Finance.												
Subtotal												
		61,600.9	0.0	0.0	26.0	47,139.3	0.0	14,435.6	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Child Health: Federal Farmers Market and WIC Program Increases												
	Inc	1,278.4	0.0	0.0	28.4	750.0	0.0	500.0	0.0	0	0	0
1002 Fed Rcpts		1,200.0										
1003 G/F Match		78.4										

The Senior Farmers' Market program with a grant from the USDA, began as a pilot project in 2000, and operates in Anchorage, Palmer and Wasilla. Expenditure authorization of \$578.4 (including GF) is now requested for this program, predominantly in the Grants line. The initial operation of the program used existing WIC authority which is now needed for the WIC program. Evaluations of the programs show that sales of Alaskan farm products have significantly increased, and program participants continue to buy at farmers' markets after they have used up their coupons. The program increases the usage of healthy vegetables by Seniors' and is a direct support to the local farmers.

Additional Expenditure Authorization is requested for the Women's, Infants and Children (WIC) program in order to meet the rising costs of food and program expansion of \$700.0. The standard inflation used to project food costs is 3% per year. It is estimated that WIC will be increasing participation in SFY03 due to several economic factors in Alaska, as well as the caseload driven formula that is now used to disburse funding to the local agencies. We anticipate that this will increase participation as it encourages local agencies to maintain or expand their current caseload as needed. Increased food costs plus inflation will likely continue to grow along with the expansion of the WIC program.

Change Record Detail - Multiple Scenarios With Descriptions **Department of Health and Social Services**

Component: Women, Infants and Children (1013)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
New USDA policies concerning nutritional training and health needs of rural Alaskans, requires an increase in funding granted to the local agencies that distribute WIC food vouchers. Therefore, WIC is also requesting additional authority to increase grants.												
WIC is requesting \$28.4 in Contractual authorization for support of the Farmer's Market programs to produce recipe cards, educational materials and other relevant program material; \$750.0 in additional Supply authorization for food expenditures; and \$500.0 in additional Grant authorization to provide increased funding to local agencies to operate their programs. Total request is \$1,278.4.												
	Totals	62,879.3	0.0	0.0	54.4	47,889.3	0.0	14,935.6	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Tobacco Prevention and Control (2384)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1119 Tobac Setl	ConfCom	1,500.0	0.0	0.0	0.0	0.0	0.0	1,500.0	0.0	0	0	0
		1,500.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
1004 Gen Fund	Fnl Auth	1,400.0	0.0	0.0	0.0	0.0	0.0	1,400.0	0.0	0	0	0
1119 Tobac Setl		188.6										
		1,211.4										
Subtotal		2,900.0	0.0	0.0	0.0	0.0	0.0	2,900.0	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1119 Tobac Setl	ConfCom	1,500.0	0.0	0.0	0.0	0.0	0.0	1,500.0	0.0	0	0	0
		1,500.0										
Imported from Legislative Finance.												
Tobacco Prevention & Control Sec 90 a-b CH 61 SLA 2001 P 125 L 3-9 (SB 29) ADN 0620011												
1168 Tob Ed/Ces	OthApr	1,012.1	0.0	0.0	0.0	0.0	0.0	1,012.1	0.0	0	0	0
		1,012.1										
Additional funding for tobacco cessation projects, development and implementation of a countermarketing campaign, and evaluation to assess the effectiveness of tobacco prevention activities.												
Fund Switch Tobacco Prev & Control Sec 90 a-b CH 61 SLA 2001 P 125 L 3-9 (SB 29) ADN 0620012												
1119 Tobac Setl	OthApr	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1168 Tob Ed/Ces		-1,500.0										
		1,500.0										
This transaction changes the funding source for this component from Tobacco Settlement Fund (GF) to the newly created Tobacco Education and Cessation fund.												
Subtotal		5,412.1	0.0	0.0	0.0	0.0	0.0	5,412.1	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Child Health: Tobacco Prevention and Control Increase												
1168 Tob Ed/Ces	Inc	4,123.9	134.1	143.6	2,927.3	5.0	16.0	897.9	0.0	2	0	0
		4,123.9										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tobacco Prevention and Control (2384)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

The Department requests an increment of \$4,123.9 in tobacco settlement dollars to assist in covering the costs related to implementation of a comprehensive tobacco prevention and control program in Alaska.

More than one out of four Alaskans is addicted to tobacco, a substance that kills half of all long-term users and costs the state over \$150,000,000 a year in medical expenses. Alaska, like all states and territories in the U.S., is faced with the daunting challenge of reducing and eliminating this overwhelming health hazard. States such as California, Massachusetts, Florida and Oregon have made a serious commitment to fighting tobacco, and as a result, have begun to experience significant reductions in the number of adults who smoke, as well as the number of children who start smoking.

The Centers for Disease Control and Prevention have studied these successful programs and found that effective anti-smoking programs can be expected to pay for themselves by reducing the number of low birth weight babies and by cutting the incidence of heart disease and cancer. As a result of their studies, CDC recommends that states establish tobacco control programs that are comprehensive, sustainable and utilize community partnerships. CDC recommends that Alaska dedicate a minimum of \$8,100,000 per year to sustain an effective statewide tobacco prevention and control program. Currently Alaska has about half the amount of resources needed to meet this minimum.

In FY02, the Alaska Legislature passed legislation that deposits twenty percent of the annual Master Settlement Agreement receipts to the Tobacco Use Education and Cessation Fund for tobacco education, prevention and control efforts. These funds will be used to address under-funded and un-funded tobacco control best practices as recommended by the Centers for Disease Control and Prevention.

The revenue available in FY 03, including anticipated FY 02 carry-forward, is estimated to be \$4,123.9. Specifically, this increment would add \$1,050.0 to community programs, \$1,050.0 to cessation programs, \$600.0 for counter-marketing efforts, \$750.0 for school-based programs, \$250.0 for statewide programs, \$123.9 for program development/management, and \$300.0 for evaluation of tobacco prevention and control programs. These programs are described below.

Community Programs: Efforts to change public attitudes and behaviors about tobacco, involving community members in conducting public awareness activities to promote tobacco-free social norms. Increase number and amount of funding for local coalitions. Provide additional funds for youth advocacy grants and special and diverse populations. Includes a Youth Advocacy Coordinator (PCN 06-#175).

Cessation Programs: Counseling, quit kits and pharmaceutical support for smokers when they are ready to quit, as well as community-based projects and media campaigns to motivate smokers to use cessation services. Develop cessation demonstration projects. Provide additional funds for youth demonstration grants and increased systemic cessation efforts, such as increased training and protocol development and implementation with health care providers, as well as reimbursements for Medicaid coverage of cessation products.

Countermarketing: Using paid media to counter the \$11,000,000 the tobacco industry spends each year in Alaska on marketing and promotion, to promote quitting and to stop people from starting. Provide additional funds for a quit line campaign, ad development and a specific rural campaign.

School-based Programs: Tobacco-free policy for students and teachers, effective curriculums for K-12, training school staff, parent and family involvement, cessation support. Develop grants, training, materials and support for school-based programs.

Statewide Programs: Coordination with external partners to expand program outreach and impact including networking, communications, technical assistance, and research services. Provide additional funds for increased communication and program efforts, as well as expand the existing mentoring/scholarship program.

Program Development and Management: Program planning, coordination, surveillance and evaluation. Increase program development and management to

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tobacco Prevention and Control (2384)

RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
accommodate expanded programming, and increase surveillance/evaluation funding for contracts for data collection and analysis. Provide additional funding for a program assistant to improve program and policy development and coordination (PCN 06-#168).												
Evaluation: To determine if Alaska's tobacco prevention and control efforts are having the desired impact, ultimate accountability must be ensured. This is done through a comprehensive evaluation contract that combines existing data sources along with specialized quantitative and qualitative research and surveillance. Information garnered from these sources gives Alaska the necessary feedback on what is and is not working and allows statewide efforts to be adjusted accordingly.												
	Totals	9,536.0	134.1	143.6	2,927.3	5.0	16.0	6,310.0	0.0	2	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Radiological Health (2253)
RDU: State Health Services (96)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY01 Final Authorized												
	Fnl Auth	242.8	87.0	12.0	131.8	9.0	3.0	0.0	0.0	2	0	0
1002 Fed Rcpts		148.9										
1004 Gen Fund		51.9										
1005 GF/Prgm		39.0										
1053 Invst Loss		2.3										
1108 Stat Desig		0.7										
Totals		242.8	87.0	12.0	131.8	9.0	3.0	0.0	0.0	2	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Commissioner's Office (317)
RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
Conference Committee												
	ConfCom	931.9	815.3	77.2	31.0	8.4	0.0	0.0	0.0	10	0	0
1002 Fed Rcpts		349.1										
1003 G/F Match		234.6										
1004 Gen Fund		82.2										
1007 I/A Rcpts		261.5										
1061 CIP Rcpts		4.5										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fnl Auth	1,120.0	892.5	127.4	86.5	10.8	2.8	0.0	0.0	10	0	0
1002 Fed Rcpts		348.6										
1003 G/F Match		229.7										
1004 Gen Fund		82.1										
1007 I/A Rcpts		450.2										
1053 Invst Loss		4.9										
1061 CIP Rcpts		4.5										
Subtotal 2,051.9 1,707.8 204.6 117.5 19.2 2.8 0.0 0.0 20 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	931.9	815.3	77.2	31.0	8.4	0.0	0.0	0.0	10	0	0
1002 Fed Rcpts		349.1										
1003 G/F Match		234.6										
1004 Gen Fund		82.2										
1007 I/A Rcpts		261.5										
1061 CIP Rcpts		4.5										
Imported from Legislative Finance.												
Suicide Prevention Council Ch 84, SLA 01 (SB 198) ADN 0620024												
	FisNot	225.5	80.5	25.0	109.0	1.0	10.0	0.0	0.0	1	0	0
1037 GF/MH		100.5										
1092 MHTAAR		125.0										
Chapter 84, SLA 2001 (SB 198) establishes a 15-member Suicide Prevention Council. The Council's operating costs include the salary for a partially exempt program coordinator, office space, travel and per diem costs for the Council to meet twice a year and monthly by teleconference. The remaining budget balance will be used for contracts for statewide suicide prevention programs, public awareness campaigns, and the publication of an annual report.												
Suicide Prevention Programs sec 7(c), Ch 3, SLA 01, p 3, l 15 (HB 117) ADN 0610353												
	OthApr	325.0	0.0	0.0	325.0	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Commissioner's Office (317)
RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
1004 Gen Fund		325.0										
Subtotal		3,534.3	2,603.6	306.8	582.5	28.6	12.8	0.0	0.0	31	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	34.6	34.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		13.6										
1003 G/F Match		9.0										
1004 Gen Fund		0.2										
1007 I/A Rcpts		8.4										
1037 GF/MH		1.6										
1061 CIP Rcpts		0.2										
1092 MHTAAR		1.6										
Correct Funding Sources for Salary Adjustment due to unrealized receipts												
	SalAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		1.6										
1092 MHTAAR		-1.6										
Change Funding for Suicide Prevention Council												
	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		125.0										
1092 MHTAAR		-125.0										
The Alaska Mental Health Trust Authority agreed to fund this Council with MHTAAR and GF/MH for the first-year implementation. It was agreed the funding would be switched to 100% GF/MH to continue the program.												
Transfer Suicide Prevention Program Funds from Commissioner's Office to ADA												
	Trout	-325.0	0.0	0.0	-325.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		-325.0										
These funds were appropriated to the Commissioner's Office in the 2001 legislative session. For FY2002, the funds are being RSA'ed to the Division of Alcoholism and Drug Abuse (ADA) for program oversight. As the oversight of the program will continue in Alcoholism and Drug Abuse Division, it is appropriate to transfer these funds to the Rural Services and Suicide Prevention component.												
Totals		3,243.9	2,638.2	306.8	257.5	28.6	12.8	0.0	0.0	31	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Personnel and Payroll (319)
RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,364.7	1,259.9	20.0	63.0	16.7	5.1	0.0	0.0	22	0	0
1002 Fed Rcpts		277.8										
1003 G/F Match		149.7										
1004 Gen Fund		584.9										
1007 I/A Rcpts		348.7										
1061 CIP Rcpts		3.6										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	1,368.2	1,266.1	32.6	54.3	15.2	0.0	0.0	0.0	22	0	0
1002 Fed Rcpts		224.9										
1003 G/F Match		147.3										
1004 Gen Fund		557.2										
1007 I/A Rcpts		428.7										
1053 Invst Loss		6.5										
1061 CIP Rcpts		3.6										
Subtotal												
		2,732.9	2,526.0	52.6	117.3	31.9	5.1	0.0	0.0	44	0	0

***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,364.7	1,259.9	20.0	63.0	16.7	5.1	0.0	0.0	22	0	0
1002 Fed Rcpts		277.8										
1003 G/F Match		149.7										
1004 Gen Fund		584.9										
1007 I/A Rcpts		348.7										
1061 CIP Rcpts		3.6										

Imported from Legislative Finance.

Add Two PFT Positions due to workload ADN 0620002

PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0	0
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In the past several years the Department of Health and Social Services has added a number of positions including: staff to open more juvenile youth facilities, social workers, public health nurses, and federally funded positions. This increase in the number of direct service staff has severely impacted personnel and payroll staff, since there are more employees to which we provide service. Also, implementation of Workplace Alaska and additional delegations from the Department of Administration, Division of Personnel, has resulted in the need to increase our staffing.

One measure of the need for more staff is the comparison of the number of employees in each department to the number of Human Resource staff. The ratio varies by Department from 67employees per HR staff to 128; with 10 of 13 departments having a ratio of less than 110 with the average being 94. The DHSS ratio was 117 employees for each Human Resource staff. We believe this is much too high to do a credible job and to be able to process all of the

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Personnel and Payroll (319)
RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
personnel and payroll work that needs to be accomplished. The additional resources included in this request and staff hired will bring the ratio down to 103 employees for each HR staff position, a much more reasonable level.												
These positions will be funded with an unbudgeted RSA from all department divisions based on number of positions per division in FY02 and funds for FY03 will be requested through the normal budget process. For FY02 we request a waiver to the vacancy requirement for this component.												
	Subtotal	4,097.6	3,785.9	72.6	180.3	48.6	10.2	0.0	0.0	68	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	50.6	50.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		8.4										
1003 G/F Match		5.7										
1004 Gen Fund		20.0										
1007 I/A Rcpts		16.4										
1061 CIP Rcpts		0.1										
Human Resource Programs												
	Inc	246.0	206.0	20.0	10.0	10.0	0.0	0.0	0.0	2	0	0
1002 Fed Rcpts		123.0										
1007 I/A Rcpts		123.0										
In the past several years the Department of Health and Social Services has added a number of positions including: staff to open more juvenile youth facilities, social workers, public health nurses, and federally funded positions. This increase in the number of direct service staff has severely impacted personnel and payroll staff, since there are more employees to provide service to. Also, implementation of Workplace Alaska and additional delegations from Department of Administration, Division of Personnel, has resulted in the need to increase our staffing.												
One measure of the need for more staff is the comparison of the number employees in each department to the number of Human Resource staff. The ratio varies by Department from 67 employees to HR staff to 128, with 10 of 13 departments having a ratio of less than 110, and with the average being 94. The DHSS ratio was 117 employees for each Human Resource staff. We think this rate is too high to do a credible job and be able to process all of the personnel and payroll work that needs to be accomplished. The additional resources included in this request and staff hired will bring the ratio down to 103 employees for each HR staff position, a more reasonable level.												
Additional federal and indirect authority is requested to allow Human Resources to continue providing support to the divisions within the department. The additional federal funds will be generated from the DHSS and statewide cost allocation plans.												
	Totals	4,394.2	4,042.5	92.6	190.3	58.6	10.2	0.0	0.0	70	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Administrative Support Services (320)

RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	3,601.9	2,904.3	21.3	594.8	43.5	38.0	0.0	0.0	50	0	0
1002 Fed Rcpts		1,222.4										
1003 G/F Match		572.8										
1004 Gen Fund		1,415.5										
1007 I/A Rcpts		257.0										
1061 CIP Rcpts		134.2										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	4,065.0	2,880.5	33.0	903.1	142.1	106.3	0.0	0.0	49	0	0
1002 Fed Rcpts		1,251.0										
1003 G/F Match		562.8										
1004 Gen Fund		1,609.5										
1007 I/A Rcpts		569.3										
1053 Invst Loss		19.3										
1061 CIP Rcpts		53.1										
Subtotal												
		7,666.9	5,784.8	54.3	1,497.9	185.6	144.3	0.0	0.0	99	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	3,601.9	2,904.3	21.3	594.8	43.5	38.0	0.0	0.0	50	0	0
1002 Fed Rcpts		1,222.4										
1003 G/F Match		572.8										
1004 Gen Fund		1,415.5										
1007 I/A Rcpts		257.0										
1061 CIP Rcpts		134.2										
Imported from Legislative Finance.												
Increase PFT count to reflect current staffing level ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
This change record adjusts the position count to reflect the addition of one position (PCN 06-#094). This position has become necessary due to the increased needs of the department. In the last several years, DHSS has expanded by 400 positions. The Administrative Services division supports all the divisions in fiscal, budget, procurement, information systems and capital projects. This growth has resulted in a substantial increase in activity in all areas of administrative services and the need for additional support positions has become apparent. The funding for this position will be an unbudgeted RSA from all divisions in the department in FY02.												
Transfer from contractual to personal svcs for increased staff costs ADN 0620002												
	LIT	0.0	77.3	0.0	-77.3	0.0	0.0	0.0	0.0	1	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Administrative Support Services (320)

RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
In the past several years, Administrative Services has experienced increases in financial, budget and other activities within the department. These increases have impacted the levels of service required within the department. Simply expressed, more employees and larger programs result in more paper to process, (i.e., management reporting, reimbursable service agreements, restrictions and deferrals, revised programs, etc.). To assure the success of programs and minimize delays or disruptions, Administrative Services is transferring these funds to personal services to fund a position (PCN 06-0515) that was created in FY01.												
Transfer in Analyst Programmer III from DMHDD/Admin ADN 0620002												
	Trin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
We are transferring in PCN 06-2247 Analyst Programmer III from DMHDD Admin. This transfer is necessary in order to consolidate staff resources for the department's Information Systems program. During the last several years, the department's Information Systems structure has grown along with the expansion of the department. This position is necessary to to better meet the needs of our clients and workload distribution. The position will be handling department-wide information structures rather than servicing just one division. The position will be funded with Interagency Receipts.												
Subtotal		11,268.8	8,766.4	75.6	2,015.4	229.1	182.3	0.0	0.0	152	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	101.4	101.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		29.5										
1003 G/F Match		20.2										
1004 Gen Fund		37.2										
1007 I/A Rcpts		10.4										
1061 CIP Rcpts		4.1										
Transfer funding for Analyst Programmer III position from DMHDD/Admin												
	Trin	69.2	69.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		69.2										
We are transferring in salary for Juneau based PCN 06-2247, an Analyst Programmer III, from Division of Mental Health and Developmental Disabilities. The PCN was shifted during the FY02 Reconciliation and was funded with an unbudgeted RSA in FY02. This transfer is necessary to assist the department's information systems program. During the last several years, the department's information systems structure has grown along with the expansion of the department. This position is necessary to better meet the needs of our clients and workload distribution. The position will be handling departmentwide information structures rather than servicing just one division.												
Additional Authority for Cost Allocations												
	Inc	114.3	69.2	0.0	45.1	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		95.1										
1007 I/A Rcpts		19.2										
This increase in federal authority will be used to continue service levels to department divisions, to pay for increased costs in personal services, fund one position created in FY2002, and pay for additional costs associated with core service chargebacks. The additional federal authorization will be used to receive funds generated by the Statewide Federal Cost Allocation Plan to directly offset the increased statewide costs being charged to the department.												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Administrative Support Services (320)
RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	Totals	11,553.7	9,006.2	75.6	2,060.5	229.1	182.3	0.0	0.0	152	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Audit (1979)

RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	277.5	263.2	6.0	6.0	2.3	0.0	0.0	0.0	4	0	0
1002 Fed Rcpts		63.7										
1004 Gen Fund		106.3										
1007 I/A Rcpts		107.5										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fnl Auth	230.6	209.8	8.4	4.6	2.8	5.0	0.0	0.0	4	0	0
1002 Fed Rcpts		61.0										
1004 Gen Fund		73.8										
1007 I/A Rcpts		95.2										
1053 Invst Loss		0.6										
Subtotal												
		508.1	473.0	14.4	10.6	5.1	5.0	0.0	0.0	8	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	277.5	263.2	6.0	6.0	2.3	0.0	0.0	0.0	4	0	0
1002 Fed Rcpts		63.7										
1004 Gen Fund		106.3										
1007 I/A Rcpts		107.5										
Imported from Legislative Finance.												
Subtotal												
		785.6	736.2	20.4	16.6	7.4	5.0	0.0	0.0	12	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	7.9	7.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		2.0										
1004 Gen Fund		3.0										
1007 I/A Rcpts		2.9										
Totals												
		793.5	744.1	20.4	16.6	7.4	5.0	0.0	0.0	12	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Facilities Management (2020)
RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,057.2	827.9	38.6	158.1	12.5	20.1	0.0	0.0	12	0	0
1002 Fed Rcpts		118.4										
1004 Gen Fund		217.1										
1007 I/A Rcpts		120.6										
1061 CIP Rcpts		551.1										
1092 MHTAAR		50.0										
Imported from Legislative Finance.												
Final Authorized												
	Enl Auth	1,212.9	984.2	42.8	147.8	13.8	24.3	0.0	0.0	12	0	0
1002 Fed Rcpts		118.3										
1004 Gen Fund		185.9										
1007 I/A Rcpts		306.1										
1053 Invst Loss		0.9										
1061 CIP Rcpts		551.7										
1092 MHTAAR		50.0										
***** Subtotal *****												
	Subtotal	2,270.1	1,812.1	81.4	305.9	26.3	44.4	0.0	0.0	24	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,057.2	827.9	38.6	158.1	12.5	20.1	0.0	0.0	12	0	0
1002 Fed Rcpts		118.4										
1004 Gen Fund		217.1										
1007 I/A Rcpts		120.6										
1061 CIP Rcpts		551.1										
1092 MHTAAR		50.0										
Imported from Legislative Finance.												
***** Subtotal *****												
	Subtotal	3,327.3	2,640.0	120.0	464.0	38.8	64.5	0.0	0.0	36	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	25.9	25.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		3.9										
1004 Gen Fund		5.5										
1007 I/A Rcpts		2.5										
1061 CIP Rcpts		14.0										

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Facilities Management (2020)
RDU: Departmental Support Services (106)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Realignment of funding for staffing needs												
	LIT	0.0	14.7	0.0	-14.7	0.0	0.0	0.0	0.0	0	0	0
This transfer is to realign funding to meet staffing needs and stay within allowable vacancy requirements.												
Decrease Interagency Receipts for Facilities Maintenance Repairs												
	Dec	-21.5	0.0	0.0	-21.5	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts												
This is to decrease interagency receipts that come from the Division of Mental Health and Developmental Disabilities that are non-collectible for facilities maintenance repairs.												
	Totals	3,331.7	2,680.6	120.0	427.8	38.8	64.5	0.0	0.0	36	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Human Services Community Matching Grant (1821)

RDU: Human Services Community Matching Grant (82)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,716.9	0.0	0.0	0.0	0.0	0.0	1,716.9	0.0	0	0	0
1004 Gen Fund		410.9										
1007 I/A Rcpts		1,306.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	1,716.9	0.0	0.0	0.0	0.0	0.0	1,716.9	0.0	0	0	0
1004 Gen Fund		410.9										
1007 I/A Rcpts		1,306.0										
Subtotal												
		3,433.8	0.0	0.0	0.0	0.0	0.0	3,433.8	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,716.9	0.0	0.0	0.0	0.0	0.0	1,716.9	0.0	0	0	0
1004 Gen Fund		410.9										
1007 I/A Rcpts		1,306.0										
Imported from Legislative Finance.												
Subtotal												
		5,150.7	0.0	0.0	0.0	0.0	0.0	5,150.7	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals												
		5,150.7	0.0	0.0	0.0	0.0	0.0	5,150.7	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Front Line Social Workers (2305)

RDU: Front Line Social Workers (320)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	20,925.1	18,160.7	171.5	2,371.0	163.3	35.0	23.6	0.0	310	3	0
1002 Fed Rcpts		8,693.8										
1003 G/F Match		3,033.0										
1004 Gen Fund		7,421.1										
1007 I/A Rcpts		1,628.7										
1037 GF/MH		148.5										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fnl Auth	20,922.8	17,721.0	244.2	2,313.1	271.3	373.2	0.0	0.0	310	3	0
1002 Fed Rcpts		9,603.0										
1003 G/F Match		2,991.1										
1004 Gen Fund		6,318.8										
1007 I/A Rcpts		1,601.6										
1037 GF/MH		150.6										
1053 Invst Loss		119.6										
1092 MHTAAR		138.1										
Subtotal												
		41,847.9	35,881.7	415.7	4,684.1	434.6	408.2	23.6	0.0	620	6	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	20,925.1	18,160.7	171.5	2,371.0	163.3	35.0	23.6	0.0	310	3	0
1002 Fed Rcpts		8,693.8										
1003 G/F Match		3,033.0										
1004 Gen Fund		7,421.1										
1007 I/A Rcpts		1,628.7										
1037 GF/MH		148.5										
Imported from Legislative Finance.												
Add five positions to Front Line Social Workers' component ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	5	0	0
Complex bill paying, including Title IVE collections have caused workload burden on regions that can be addressed with the addition of the following:												
PCN 06-#153	Administrative Assistant Range 13, Anchorage, (Anchorage Regional Office)											
PCN 06-#154	Administrative Assistant Range 13, Fairbanks, (Northern Regional Office)											
PCN 06-#155	Administrative Assistant Range 13, Mat-Su, (South-central Regional Office)											

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Front Line Social Workers (2305)

RDU: Front Line Social Workers (320)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
PCN 06-#156 Accounting Clerk II Range 10, Fairbanks, (Northern Regional Office) The primary responsibility of this position is to coordinate travel and process travel reimbursements for the Northern Region. The duties are now performed by a non-permanent Accounting Clerk and the workload warrants a full-time position to accomplish these tasks.												
PCN 06-#157 Mental Health Clinician II, Range 19, Anchorage The Mental Health Clinician II: The primary responsibility of this position to provide on-going clinical support to the foster parents with special needs children.												
Correct line item for Psych Nurse range increase ADN 0620002												
	LIT	0.0	23.6	0.0	0.0	0.0	0.0	-23.6	0.0	0	0	0
The funding for the psych nurse range increase was incorrectly added to the grants line. The expenditure for the psych nurses will be charged to the Personal Services Line. This transfer is to move authorization to the personal services line.												
Add new Social Worker V to FLSW Component 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
Social Worker V (PCN 06-4633 , Range 19): Analysis of the management structure within the Anchorage Regional Office revealed that the current responsibilities were too large for two managers to effectively manage, and a third position was needed. The workload in the current direct service units is well above best practice standards.												
The Anchorage office accounts for approximately 50% of the direct services to families and children provided by DFYS across the state. Recent changes in state and federal statute require DFYS to work more intensely with intact families, families with children in out-of-home care, and foster parents. In order to implement and monitor the changes in policy, procedure and practice, it was necessary to restructure the management of the Anchorage Regional Office and Anchorage Field Office. This reorganization will allow for increased supervision of all aspects of direct services and result in improved service to the Anchorage region.												
Specifically, the third Social Worker V will supervise the four Social Worker IVs who oversee the Permanency Planning Units. Each Permanency Planning Unit consists of five line workers who provide case management services to children and parents of children who are in state custody. The goal is to ensure the child's safety and strive for family reunification. In addition, this position will directly supervise two Social Worker IIIs who are responsible for processing all IV-E eligibility documents for the Anchorage and Southcentral region.												
	Totals	62,773.0	54,066.0	587.2	7,055.1	597.9	443.2	23.6	0.0	936	9	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Office of Public Advocacy (2318)
RDU: Child Protection Legal Assistance (323)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1004 Gen Fund	Enl Auth	185.0	0.0	0.0	185.0	0.0	0.0	0.0	0.0	0	0	0
		185.0										
<hr/>												
Totals		185.0	0.0	0.0	185.0	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Public Defender Agency (2320)
RDU: Child Protection Legal Assistance (323)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
FY 01 Final Authorized												
1004 Gen Fund	Fnl Auth	255.0	0.0	0.0	255.0	0.0	0.0	0.0	0.0	0	0	0
		255.0										
Totals		255.0	0.0	0.0	255.0	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Balloon Project (2567)
RDU: Balloon Project (438)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Conference Committee												
1002 Fed Rcpts	ConfCom	1,546.6	160.0	0.0	0.0	0.0	0.0	1,386.6	0.0	14	0	0
Imported from Legislative Finance.		1,546.6										
<hr/>												
	Subtotal	1,546.6	160.0	0.0	0.0	0.0	0.0	1,386.6	0.0	14	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1002 Fed Rcpts	ConfCom	1,546.6	160.0	0.0	0.0	0.0	0.0	1,386.6	0.0	14	0	0
Imported from Legislative Finance.		1,546.6										
Realign line items to correct authorization ADN 0620002												
	LIT	0.0	499.4	0.0	887.2	0.0	0.0	-1,386.6	0.0	0	0	0
This transfer is to move authorization from the Grants line to the Personal Services and Contractual lines where the funds will actually be spent. In prior fiscal years, funding for the Balloon Project was contained in the Front Line Social Workers component. This authorization included personal services, travel, contractual, supplies and equipment line items, but no grants authorization. In FY2002, when the legislature separated the Balloon Project into a stand-alone BRU and component, they placed approximately 90% of the component's authorization in the grants line item.												
The FY2002 Management Plan change record transfers the grant line authorization to personal services and contractual services, where the expenditures will occur. This is consistent with the prior practice of recording Balloon Project authorization and expenditures in line items other than grants.												
<hr/>												
	Subtotal	3,093.2	819.4	0.0	887.2	0.0	0.0	1,386.6	0.0	28	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
1002 Fed Rcpts	SalAdj	20.8	20.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
		20.8										
Correct Funding Source for Salary Adjustment due to Unrealized Receipts												
1002 Fed Rcpts	SalAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		-20.8										
		20.8										
Transfer to Family & Youth Services Adoption Placement Program												
1002 Fed Rcpts	Trout	-1,567.4	-680.2	0.0	-887.2	0.0	0.0	0.0	0.0	-14	0	0
1004 Gen Fund		-20.8										

Transfer Balloon Project funding and positions to the Adoption Placement Program component in the Family and Youth Services BRU. The Balloon Project

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Balloon Project (2567)
RDU: Balloon Project (438)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
efforts will be continued in the new Adoption Placement Program component.												
	Totals	1,546.6	160.0	0.0	0.0	0.0	0.0	1,386.6	0.0	14	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Adoption Placement Program (2595)

RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Transfer from the Balloon Project												
	Trin	1,567.4	680.2	0.0	887.2	0.0	0.0	0.0	0.0	14	0	0
1002 Fed Rcpts		1,546.6										
1004 Gen Fund		20.8										
Transfer from the Balloon Project as the Balloon Project efforts will be continued in the new Adoption Placement Program BRU.												
Fund Change from Federal Receipts to General Fund												
	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-1,186.6										
1004 Gen Fund		1,186.6										
Correct funding sources.												
Statewide Adoption/Permanency Planning Increment												
	Inc	441.8	140.6	0.0	101.2	0.0	0.0	200.0	0.0	0	0	0
1004 Gen Fund		441.8										

The Department requests an increment of \$441.8 General Funds to cover the cost of making the Balloon Project permanent.

The Statewide Adoption/Permanency Planning function is a collaborative effort of the Department of Health and Social Services, the Department of Law, the Alaska Court System, the Office of Public Advocacy and the Public Defenders Agency to move children who have lingered in the child protection system into permanent placements. The project provides dedicated funding so that all of these agencies work as a team to move these children out of foster care and into permanent homes.

State and Federal law requires children that have been in foster care for 15 of the past consecutive 22 months to be placed into permanent homes. To comply with this law and to help eliminate the backlog of children in long-term foster care, in 1998 the Legislature approved a two-year special appropriation to implement the State's permanency planning initiative called the Balloon Project. The project was extended for an additional year, through the FY02 budget, and thus has been ongoing for three years.

The project has been extremely successful. The number of adoptions has doubled and the foster care caseload backlog has been significantly reduced. One measure of the project's success is the reduction in the foster care caseload growth rate. In FY99, the foster care caseload increased by 16.4%. In FY00, the growth rate decreased to 5.8%. In FY01, the foster care caseload fell by 6.2% from the year before.

While the project has been successful in targeting those children who have been in the system the longest, DHSS and our partners now believe it is time to move some of the resources to the front end of the system, so that children can get these intensive, dedicated efforts when they have been in foster care at 12 to 14 months. Also, DHSS and our partners have re-engineered the adoption process and are piloting that in.

DHSS and our partners believe that the following three-pronged approach will allow the system to stabilize in a manner that Alaska can continue to make progress to meet the statutory placement requirements in State and Federal law:

- 1) keeping dedicated resources for those children who continue to be in State custody the longest (777 children have been identified who have been in State care for over 24 months);
- 2) moving dedicated resources to those children who have been in custody for one year; and

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Adoption Placement Program (2595)

RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
3) re-engineering the adoption process.												
Key to this effort to continue this function is to maintain the resources in the DHSS budget and to make this a permanent function.												
Alaska is the recipient of a Federal Adoption Incentive grant, awarded under provisions of the Title IV-E , Section 43A, of the Social Security Act. The federal administration incorporated the financial incentives into the language of the Federal Adoptions and Safe Families Act (ASFA), to encourage states to increase adoptions of children waiting in the foster care system. The adoption incentives (up to \$4 thousand per child or \$6 thousand for each child with special needs) are awarded to states that exceed the number of children adopted compared to the previous year. These funds will also be used to enhance the State's subsidized adoption program.												
It was the intention of the federal lawmakers, through the passage of the Adoptions and Safe Families Act (ASFA), that states would reinvest the incentive funds in programs and activities in their child welfare system that would result in further improvements in both the number of adoptions and the timeliness with which they are achieved.												
The Department intends to use approximately \$200.0 of Federal adoptive incentive funds to develop post-adoption services for adoptive parents in Alaska. The children being placed in adoptive homes have many special needs that require parents to have more than basic parenting skills. States that have a strong post-adoption component in their adoption programs are better equipped to support adoptive parents through the struggles and changes that occur on a regular basis with children that have been abused and neglected. Post-adoption programs are crucial to minimize adoption disruption, and long-term successes for adoptive children and their families.												
	Totals	2,009.2	820.8	0.0	988.4	0.0	0.0	200.0	0.0	14	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Family and Youth Services Management (2306)

RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	115.3	115.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		62.2										
1003 G/F Match		18.2										
1004 Gen Fund		21.5										
1007 I/A Rcpts		8.2										
1061 CIP Rcpts		5.2										
Correct Funding Sources for Salary Adjustments due to Unrealized Receipts												
	SalAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-40.0										
1004 Gen Fund		40.0										
Increase Interagency Receipts for Program Management												
	Inc	498.6	353.9	62.0	76.5	6.2	0.0	0.0	0.0	4	1	0
1007 I/A Rcpts		498.6										

The Division of Family and Youth Services requests an increment of \$498.6 in Interagency Receipts authority to account for the costs and revenue associated with management of federal programs, formula funded programs and the residential care program. The Independent Living program is a new federal program to assist the youth aging out of foster care. This program targets the kids aging out of foster care and prepares them to find jobs, manage their finances, and other tasks necessary to prepare them to be independent. The Office of Juvenile Justice and Delinquency Prevention provided funding to establish Child Advocacy Centers in Alaska. The growth in the Subsidized Adoption and Guardianship program requires the establishment of a part-time position to process monthly payments.

The billing and accounting requirements of the Residential Care program resulted in additional revenue and expenditures. The logistical and clerical support of the development of the Division's information system, ORCA, requires the establishment of a clerical position.

The proposed increase authority will budget the revenue and expenditures for continued services to these programs.

PCN 06-#186: Administrative Clerk III

This position is necessary to assist in the successful development of the Division's new client case management system ORCA. This position will provide clerical and logistical support services as well as provide organizational support to the ORCA Project Manager, the Data Processing Manager and the ORCA project teams.

PCN 06-#196 Accounting Tech II

This position will help the Division improve fiscal and data reporting controls over the Residential Care Behavioral Rehabilitation Services program. The Behavioral Rehabilitation Services program will increase residential care bed capacity and will improve the quality of services provided to children in the residential facilities. This position will be responsible for verifying Medicaid eligibility, processing all Medicaid claims, and performing other technical accounting functions that are essential for the successful implementation of the Behavioral Rehabilitation Services program.

PCN 06-#197 Accounting Tech I

This position will help the Division improve fiscal and data reporting controls over the Subsidized Adoption & Guardianship program which is especially important given the large growth rate in the subsidy program over the past several years. The Subsidized Adoption & Guardianship program is an adoption incentive program for children with special needs. This program transitions children from foster care and into permanent homes. The subsidy covers the

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Family and Youth Services Management (2306)

RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
costs for the child's special needs and is available to the family until the child reaches age 18. Currently, there are over 1,600 children in the subsidy program.												
PCN 06-#198 Social Services Program Coordinator This position will serve as the Division's policy specialist for all licensing issues. As such this individual will provide guidance on the licensing functions of the Division as well as serve as the Division's policy specialist for all licensing issues. This position will provide policy guidance and support to DFYS staff statewide, and will also function as the Division's ADA coordinator and oversee the Division's worker safety program. This position will measure the Division's progress toward compliance with ADA rules and requirements, promote awareness and compliance with the DHSS safety plan, the Division's safety policies, and local worker safety practices.												
PCN 06-#199 Social Services Program Coordinator This position is responsible for management and evaluation of the Department's Child Advocacy Centers, on-site reviews, assessment of program goals and objectives, and concurrent monitoring of Federal grants requirements. The incumbent in this position participates at all levels of the grants system and has statewide responsibility for oversight and evaluation to ensure quality delivery of services. Serves as the department's designee for Child Advocacy Centers (CAC) and Children's Justice Act (CJA) grantees on matters related to Child Advocacy Centers and Children's Justice Act service delivery; reviews programs for quality assurance and quality of service accountability, and monitors service delivery to children and families.												
Totals		613.9	469.2	62.0	76.5	6.2	0.0	0.0	0.0	4	1	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Front Line Social Workers (2305)

RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	595.1	595.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		248.5										
1003 G/F Match		69.9										
1004 Gen Fund		240.4										
1007 I/A Rcpts		36.2										
1037 GF/MH		0.1										
Correct Funding Sources for Salary Adjustment due to Unrealized Receipts												
	SalAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-134.5										
1004 Gen Fund		134.5										
Child Protection: Relative Navigator Pilot Project												
	Inc	60.0	54.0	0.0	2.0	0.0	4.0	0.0	0.0	1	0	0
1002 Fed Rcpts		10.0										
1004 Gen Fund		50.0										

The Department requests \$60.0 (\$50.0 General Funds and \$10.0 Federal funds) to implement the Relative Navigator pilot project in the Anchorage DFYS office. The Relative Navigators pilot project will assist the regional staff and workers in locating adult relatives of children who are in state custody, and will work with these relatives in becoming foster and adoptive families for children of their family. One new position, located in Anchorage, is necessary for this project.

When it is no longer safe for children who suffer from abuse or neglect to remain at home, the State must provide for the care of that child by placing the child in a foster home or in the care of an agency or institution. Very often, the home of a relative is the most appropriate and nurturing environment for the child. When a child is placed with a family member, he or she can usually maintain contact with their family members and with their cultural heritage. Statistics show that placements with relatives are the most successful, whereby the children do not have to be moved again and again. In cases where the child cannot be returned to the birth parents, family members more often agree to adopt or assume guardianship than do foster parents.

The Division will place this position, a "Relative Navigator", in the Anchorage office. The position would be dedicated solely to identifying possible relatives, locating and contacting them, and, wherever appropriate, helping to place the children in the homes of relatives. The individual would also work with the workers in providing information, resources and support to the relative caregivers through the duration of the child's placement. Due to the increased caseload of the Division's workers and the priority of protecting children from abuse or neglect, these responsibilities are not always completed timely by the workers.

The outcome of adding this pilot project would be that children who are placed in relative care would find a more stable, long-term placement, thereby decreasing the average number of placements per child in Alaska's custody. Children will reach relative homes sooner, thereby reducing the need for foster care. It is important that children coming into state care move to relative care soon after coming into custody. The division has learned that delays in finding relatives causes many problems for the child and for foster parents.

Anchorage and MatSu New Leases

	Inc	550.0	0.0	0.0	550.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		110.0										
1004 Gen Fund		440.0										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Front Line Social Workers (2305)
RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

The Department requests an increment of \$550.0 (\$110.0 in Federal Funds and \$440.0 in General Funds) to pay for the increased lease costs for the Anchorage and Mat-Su field offices.

The changes in the State and Federal law, including Alaska's HB375 (Chapter 99, SLA 98) and the Federal Adoption and Safe Families Act of 1997, impacted the workload of front line social workers tremendously. The reports of harm to children have increased from 13,917 in FY1997 to 17,244 in FY2001. Approximately 45% of the total DFYS caseload are handled by the Anchorage and the Mat-Su DFYS field offices. In order to address the increase in the reports of harm and the understaffing in DFYS, a number of actions were taken to increase staffing in both these offices. New positions were added as part of the Smart Start Initiative, Balloon Project, and new partnerships were formed with non-profits and other state agencies. As part of the DFYS Family Services Training Academy, the student practicum unit is working on DFYS cases and is housed in the Anchorage Field Office. These steps have resulted in a lack of sufficient space in both the Anchorage field office and the Palmer field office.

Located in the Anchorage office are the region's Intake, Investigation, and Permanency Planning units along with the Adoption Placement Program workers, Training Academy students, APSIN unit, Licensing and Eligibility units and the Anchorage Administrative staff. Duties and functions of the units are intertwined. Frequent coordinated efforts and purposes require close proximity of staff to one another. The functions of the Adoption Placement Program staff mirror those of other Front Line Social Workers. These workers are located together and find it beneficial for organization and planning purposes. The APSIN Unit is also housed near workers of the Intake and Investigation Units. APSIN employees' accessibility is crucial to all staff as they provide statewide coverage concerning criminal and background information to social workers.

Without adequate space crowded conditions require many of the professional staff to share an office. Currently, approximately 60% of the Anchorage staff are required to share offices. In offices that are shared, there is no room for more than two chairs. Often there are more than two clients at an office visit. When offices are shared and a visit is taking place, the other social worker can not effectively do their job because of the noise and interruptions. Also, when two social workers share an office, clients cannot meet one-on-one with their social worker. This affects confidentiality and rapport building between the client and the social worker, as clients are more likely to communicate openly and effectively when they have privacy.

Increased caseloads have also resulted in the need for more and adequate interview and family visitation rooms for children to visit with their biological parents and foster parents. Visitation helps parents and children maintain a bond while courts resolve cases of abuse and neglect. Without adequate visitation rooms, family visits are sometimes required to be held in lobby areas, employee break rooms, employees' offices, and during the summer months, on the front steps of the building. Parents and children deserve a therapeutic and calming space to visit during this stressful time. The division anticipates needing six visitation rooms in the Anchorage Intake/Investigation area and six in Anchorage's Permanency Planning area, as well as an indoor playroom and an outside play area.

In Anchorage, the current building is not conducive to worker safety. Although the current building has only one public entrance area which is manned by two security guards, once a client enters the building, they have access to the main hallways throughout the building. These are the same hallways that must be used by employees to go from their work area to various offices in the building. Employees are also required to share the same elevators and restrooms as the clientele. Encountering a hostile client in the elevator or restroom presents a dangerous situation to employees. A new location will allow employees to enter the building and move from their work area to other offices and the restroom without encountering a client.

The Mat-Su field office currently experiences many of the same conditions that the Anchorage office does. For instance, when DFYS is involved in a family's life, it can be demoralizing to that family. Lack of adequate space forces employees to share offices, which can add to the unsettling nature of the client/worker meetings. Shared offices frequently prevent social workers from meeting with the family members in a confidential, private setting. Clients who are unable to meet privately with their social worker may not communicate as freely or as frankly as those who meet in a private setting. In addition, sharing an office impacts the ability of one worker to do their job when the other worker needs the office to meet with a client.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Front Line Social Workers (2305)

RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

State and federal confidentiality requirements stipulate client records be protected, preserved and maintained confidentially. To meet this requirement, adequate file space must be available. A central supply facility and general use equipment rooms are needed along with file and adoption rooms.

Inadequate and inefficient space in the Anchorage and Mat-Su field offices affects employee morale and the efficiency of the workers. The proposed increment will provide funding for adequate and efficient space for both Anchorage and Mat-Su Field offices.

Transcription Services for Social Workers

Inc	450.0	0.0	0.0	450.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund	450.0											

The Department requests a \$450.0 General Fund increment to provide statewide implementation of case note transcription services for DFYS social workers. Transcription Services is a telephone dictation service which allows social workers to maintain current, accurate case files without increasing the need for internal clerical support. Social workers call a toll-free number and dictate their case documentation at any time from a touch-tone telephone. Dictation is digitally recorded, transcribed, and electronically transmitted to the agency's office (to the worker's computer) in less than two business days.

Currently, Social Workers spend at least 30 percent of their time completing necessary case documentation, assessments and court reports. This limits the amount of time social workers spend with children, parents and foster parents. Other states, such as Utah, have implemented Transcription Services for their social workers and have seen an immediate decrease in the amount of time the social workers spend completing documentation, as well an improvement in the timeliness and accuracy of case documentation.

DFYS initiated a Pilot Transcription Services Project in January, 2000. Eight social workers in three DFYS offices participated in the pilot project. Preliminary review of this pilot project showed that workers using transcription services spent on average 7.5 hours, or one work day per week, less completing paperwork. These social workers have been able to spend more time working with children, families and service providers including foster parents. The increase in client time will result in more contact with children in foster care, better services to families, more support for foster parents, and better communication with other service providers. Comments from the eight social workers involved in the project include:

- "This would be an immense savings of time to every worker."
- "I dealt with (the contractor) who was extremely pleasant and helpful...she was not only helpful and efficient, but I could not believe how quickly it was done."
- "I feel it would take an existing burden of the clerical staff as well as be an asset for the line workers."

As well as the increase in client time, implementation of the Transcription Services will greatly improve documentation in case files. Documentation in case files will be more current. This will allow for improved communication with the court system, AG's, GALs and other system partners. It will also improve the timeliness and accuracy of DFYS data in the PROBER data system.

Transcription Services will allow DFYS social workers to spend more time with clients, accurately documents the case actions and activities, and improve communications with system partners.

Child Health: Mental Health Clinicians in MatSu and Fairbanks

Inc	172.0	146.0	10.0	4.0	2.0	10.0	0.0	0.0	2	0	0
1004 Gen Fund	86.0										
1007 I/A Rcpts	86.0										

The Department requests an increment of \$172.0 (\$86.0 General Funds and \$86.0 in Interagency Receipts) to establish Mental Health Clinicians in the Mat-Su and Fairbanks field offices. These Clinicians will help foster parents' special needs children and assist the social workers to manage these cases more

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Front Line Social Workers (2305)

RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
efficiently and effectively.												
DFYS has the responsibility of licensing foster homes. This responsibility includes not only enforcement of the statutes and regulations, but support of the foster parents in addressing the needs of children placed in their care. Children placed in foster care frequently have special needs which foster parents must address every day. These needs range from physical health to educational and mental health needs. Foster parents need support and information to assist them in meeting the specific needs of the children placed in their home. They also need support in helping their families adjust to the placement and removal of child(ren) from their home.												
Mental Health Clinicians in the Licensing units will be able to help prepare foster parents for the child(ren) placed in their home by reviewing documentation on the child and providing child-specific information to the foster parent on how to deal with the specific needs. The Mental Health Clinician will assist the foster parent in identifying behavior modification techniques that work with the child and are comfortable for the foster parent. They will also provide information to the foster parent on what to expect from the child, given the behavioral and mental health issues identified. They may conduct family meetings prior to or after the placement of the foster child to ease the transition. This preparation and support will strengthen the placement and reduce the potential that the child will have to be moved.												
The Mental Health Clinician may also support the foster parents in transitioning the child back to the parent or to another permanent placement. Many times, foster parents become attached to the child(ren) in their home. They and their natural children experience a loss when the foster child is returned to the parent or placed in another permanent placement. The Mental Health Clinician will be available to assist foster parents through this transition, if needed. This support may result in the foster family maintaining their foster home license and providing care to another foster child.												
The expected outcome of establishing the Mental Health Clinician Positions in the Licensing units is												
· a reduction in the number of placements experienced by foster children through increased support of foster placements and improved matching of needs of children with skills of foster parents.												
· an increase in the retention of foster parents through increase support of foster placements and increased support of the foster parent.												
Additional Psychiatric Nurse Support												
Inc		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
PCN 06-#169 Nurse IV (Psych)												
This position will allow for better coverage of the Anchorage area with more manageable caseloads divided between the existing and new Psychiatric Nurse IV positions. This in turn provides better service to children, coverage for clients when one nurse is traveling, in training, on vacation, sick or should a position become vacant.												
Child Care Licensing Efforts												
Inc		163.3	0.0	0.0	163.3	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		163.3										
The Division requests an increment of \$163.3 Interagency Receipts for Child Care Licensing Efforts. The Division will provide child care licensing services to the Department of Education & Early Development.												
Totals												
		1,990.4	795.1	10.0	1,169.3	2.0	14.0	0.0	0.0	4	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Family and Youth Services Training (2307)
RDU: Family and Youth Services (79)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	Totals	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Family and Youth Services Management (2306)
RDU: Family and Youth Services Management (321)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	4,358.7	3,454.0	37.8	756.1	78.8	32.0	0.0	0.0	60	0	0
1002 Fed Rcpts		2,459.4										
1003 G/F Match		597.7										
1004 Gen Fund		846.0										
1007 I/A Rcpts		296.5										
1061 CIP Rcpts		159.1										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fnl Auth	4,552.1	3,410.7	97.1	828.3	93.5	122.5	0.0	0.0	60	0	0
1002 Fed Rcpts		2,467.3										
1003 G/F Match		588.6										
1004 Gen Fund		842.1										
1007 I/A Rcpts		479.5										
1053 Invst Loss		14.8										
1061 CIP Rcpts		159.8										
Subtotal												
		8,910.8	6,864.7	134.9	1,584.4	172.3	154.5	0.0	0.0	120	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	4,358.7	3,454.0	37.8	756.1	78.8	32.0	0.0	0.0	60	0	0
1002 Fed Rcpts		2,459.4										
1003 G/F Match		597.7										
1004 Gen Fund		846.0										
1007 I/A Rcpts		296.5										
1061 CIP Rcpts		159.1										
Imported from Legislative Finance.												
Totals												
		13,269.5	10,318.7	172.7	2,340.5	251.1	186.5	0.0	0.0	180	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Family Preservation (1628)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	9,047.1	0.0	124.3	786.0	0.0	0.0	8,136.8	0.0	0	0	0
1002 Fed Rcpts		4,941.2										
1004 Gen Fund		3,355.9										
1007 I/A Rcpts		300.0										
1092 MHTAAR		450.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	FnI Auth	4,836.7	0.0	26.3	889.0	0.0	0.0	3,921.4	0.0	0	0	0
1002 Fed Rcpts		2,641.2										
1004 Gen Fund		1,890.5										
1007 I/A Rcpts		305.0										
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	9,047.1	0.0	124.3	786.0	0.0	0.0	8,136.8	0.0	0	0	0
1002 Fed Rcpts		4,941.2										
1004 Gen Fund		3,355.9										
1007 I/A Rcpts		300.0										
1092 MHTAAR		450.0										
Imported from Legislative Finance.												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablishment of Designated BRU's												
	Trout	-1,465.4	0.0	0.0	0.0	0.0	0.0	-1,465.4	0.0	0	0	0
1004 Gen Fund		-1,465.4										

In FY02, the designated funding for Regional Health Corporation Budget Request Units was transferred into the department's division components. The infrastructure and financial support for services do not exist outside the Native Health Corporations in most of the remote locations.

The Department is requesting that the funds be transferred out of the division's components and back into designated BRU's.

Maniilaq 843.9
Norton Sound 62.2

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Family Preservation (1628)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Kawerak	372.7											
Tlingit Haida	186.6											
Reduce MHTAAR Funding for Support Parenting/Family Support to Parent Beneficiaries												
	Dec	-200.0	0.0	0.0	0.0	0.0	0.0	-200.0	0.0	0	0	0
1092 MHTAAR		-200.0										

This change record is to reflect the funding change from the Mental Health Trust. This is the second year of the five-year project funding. In FY2002, Mental Health Trust funded \$450.0; in the second year the Trust provides \$250.0 from MHTAAR.

Child Protection: Family Assessment Response Project

	Inc	975.0	0.0	0.0	0.0	0.0	0.0	975.0	0.0	0	0	0
1004 Gen Fund		975.0										

The Department requests a General Fund increment of 975.0 to implement the Early Intervention for Family Support program in the Fairbanks, Bethel, and Kenai areas. The Division has successfully implemented an Early Intervention for Family Support (Dual Track) pilot program in the Mat-Su area to respond to Priority 3 or "low risk" reports of harm. The Mat-Su pilot project has essentially eliminated workload adjusted reports of harm in the Mat-Su Valley area.

Alaska has the highest rate of substantiated child abuse in the nation. This is according to the Child Welfare League of America, which reports a substantiated or indicated rate of child abuse of 38 per 1000 Alaskan children as compared with the national average of 13 per 1000.

Reports of harm are prioritized according to the immediate or potential risk of harm to the child. Each case accepted for investigation is assigned a priority rating of "Priority 1", "Priority 2", or "Priority 3". A Priority 1 report of harm is the most serious and must be responded to within 24 hours of the time the report is received by the Division. Next are the Priority 2's and then the Priority 3's. Priority 3's are considered low risk reports and include inadequate food, shelter, and clothes, educational neglect, emotional abuse, mental injury, and drug/alcohol abuse by the parents. In other words, most Priority 3's are reports of neglect. However, it has been well documented that long-term neglect affects a child's physical, mental, and emotional development.

Based on historical data, the Mat-Su DFYS office was unable to respond to low risk reports. These low risk (Priority 3) referrals are to be responded to within 7 calendar days. Prior to the Early Intervention for Family Support program, these reports were not receiving a response from the Mat-Su office. The inability to respond was based solely on the excessive caseloads in this office.

Therefore, DFYS issued a Request for Proposal (RFP) for a pilot project that would use an established non-profit community agency to be responsible for response services to low-risk reports of harm (Priority 3's) in the Mat-Su area. Appropriate response and intervention into low-risk referrals offered solutions to family situations that, if not addressed, could lead to higher levels of risk of harm to children. In addition to providing protection for children currently not receiving adequate services, this pilot project demonstrated the successful impact of community ownership and intervention in the abuse and neglect of children. It also led to a reduction of the need for more official, costly intervention by the Division while also allowing for the prevention of future harm to the children involved.

In 1998, the Mat-Su DFYS office workload adjusted 542 reports of harm. During that same year a survey of Priority 3 reports to the Mat-Su DFYS office showed that: 80% of the families referred had previous reports of harm; 30% had 6 or more prior reports of harm; 67% had prior substantiated investigations; 96% were "workload adjusted" (not investigated due to staffing limitations); and 89% had no documentation of families being referred to services.

A Grant for the Differential Response or Early Intervention for Family Support was awarded to the Children's Place in April 1999. During that time period

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Family Preservation (1628)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

(1999) the Mat-Su office workload adjusted 208 reports of harm and made 186 referrals to Dual Track. In FY00 (7/1/99 through 6/30/00) the Early Intervention for Family Support project received 354 referrals from DFYS, which were Priority 3 reports of harm. The number of workload adjusted cases by Mat-Su DFYS during FY00 was ZERO.

In fiscal year 2001, (7/1/00 through 6/30/01) the Early Intervention for Family Support program received 397 referrals from DFYS. The Early Intervention for Family Support program received 103 referrals between 4/1/01 and 6/30/01 alone. Again the number of workload adjusted cases by DFYS was ZERO.

Summary of the Early Intervention for Family Support Evaluation: The Children's Place hired a consultant to determine the effectiveness of the Early Intervention for Family Support program. The primary task was to design an outcome evaluation report that would answer two main questions: 1) Does the program reduce the recidivism rate for reports of child abuse and neglect. 2) For those clients who do have new reports of harm during the program period, are the reports of a lesser severity.

The consulting agency compared a 2-year baseline at the Mat-Su office prior to the program with the first year of the Early Intervention for Family Support Program. Thus far, the results have been remarkable. A total of 603 families from the baseline period and 264 families from the first-year program met the criteria for inclusion. (Families were only included in the analyses report if they had at least one workload adjusted/Priority 3 report of harm during the baseline or program period). The severity of reports of harm subsequent to the initial workload adjusted/Priority 3 was also significantly lower during the first year of the program. The average seriousness score was 2.5 times greater for families during the baseline period than for first year program families.

Due to the success of program in the Mat-Su Valley, the Division would like to introduce the Early Intervention for Family Support method of responding to priority 3 reports of harm in Bethel, Fairbanks, and Kenai. The numbers below are for July 2000 through June 2001.

Location	Report of Harm (ROH)	Workload Adjusted ROH
Bethel	1,527 (an average of 127 per month)	286 (19%)
Fairbanks	2,448 (an average of 204 per month)	267 (11%)
Kenai	892 (an average of 74 per month)	117 (13%)

In fiscal year 2000, 715 Priority 3 reports of harm were not investigated in these three areas. In fiscal year 2001, 670 Priority 3 reports of harm were not investigated. DFYS will continue to prioritize reports of harm and respond to children identified at high risk.

Having a community agency respond to these referrals is beneficial in several ways. The primary services provided to families is identification of problems or concerns within the family, based on an assessment and the report of harm, making appropriate referrals to community agencies, and helping the family access those services provided by the community agencies. The approach used can be one of advocacy and short-term case management that is hopefully perceived as less threatening by parents than involving DFYS through an investigation. The purpose is to reduce the likelihood of future and more serious abuse and neglect to the child(ren) and identifying children who are at higher risk than indicated in the initial report. Also, early intervention with some families will keep their children at home and out of DFYS foster care system.

DFYS wants to respond to every legitimate report of harm. Currently, that is not possible due to the high number of reports of harm and the shortage of trained workers. Due to the success of pilot project in the Mat-Su area, DFYS would like to introduce similar projects through out Alaska. Once these programs are in place there will not only be financial savings for the state, but a reduction of abuse and neglect in the life of a child.

Child Protection: Additional Federal Funding for Child Advocacy Centers

Inc	1,000.0	0.0	0.0	1,000.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts	1,000.0										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Family Preservation (1628)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

Request: The Department requests \$1,000.0 in additional Federal Receipts authority to utilize special Federal funding appropriated for Alaska for child abuse investigations. The Department will work with non-profit community services organizations for the development of Children's Advocacy Centers.

Source of Funding: Department anticipate an additional \$1.0 million in Federal funds from the Federal Office of Justice for Federal Fiscal Year 2002 (which starts on October 1, 2002) for the State of Alaska for child abuse investigations. This Federal funding request to Sen. Stevens was initiated by an Anchorage-based social services organization to develop Child Advocacy Centers in Alaska.

Problem: Alaska has some of the nation's highest rates of child abuse and neglect. For years the state has been unable to meet its own statutory mandate of responding to all reports of abuse and neglect. Alcohol and drug abuse are factors in a vast majority of child maltreatment cases, and many cases are tied to domestic violence or mental illness. Alaska's rates of fetal alcohol syndrome and fetal alcohol effects are also among the nation's highest.

Proposal: To develop child advocacy centers in Alaska under a flexible model that includes:

- A designated neutral facility with designated staff, either a non-profit organization or affiliated with a government agency.
- An interagency agreement between the center and local law enforcement, child protection, and prosecution agencies at a minimum; sometimes local advocates, mental health centers or medical facilities are included. This agreement explains how the agencies will work together on child maltreatment cases, how they will share confidential information, and what resources they will commit to their effort.
- Joint investigations to reduce the number of victim interviews and improve case coordination.
- Multidisciplinary case review.
- Case tracking.
- On-site medical evaluation and mental health services or referral to these services.
- Training for CAC staff and for disciplines working with the CAC.
- Written policies and procedures for staff screening, confidentiality, safety planning, and client records.

Alaska's child advocacy centers will also be designed to help improve the state's capacity for screening and diagnosing FAS and FAE.

Child Protection: Family Visitation Centers

Inc	750.0	0.0	0.0	0.0	0.0	0.0	750.0	0.0	0	0	0
1004 Gen Fund	750.0										

The Department requests a General Fund increment of \$750.0 to implement Family Visitation Centers. This increment will provide funding for 6 Family Visitation Centers located in Anchorage, Fairbanks, Mat-Su, Kenai, Juneau, and Bethel.

As of August 1, 2001, there were 1,896 Alaska children in out-of-home care. The ability to provide needed visitation between the children and their families is difficult at best. Often times the visits take place in the DFYS lobby, conference room, or worker's office. Most visits are once a week and last for only an hour. Due to lack of resources in the state, visitation cannot be provided after hours or on weekends.

Supervised visitation is needed when there is any situation that may place a child at risk. The purpose of supervised visitation programs is to provide a safe, friendly environment that maintains and fosters the relationship of a child with his/her parents. Supervised visitation programs frequently include established centers in which visits between dependent children and their noncustodial parents are supervised by trained observers.

Many scholars have highlighted the beneficial effects of children's contact with their biological parents while children are in out-of-home care as well as the detrimental effects of the absence of visiting, especially in the emotional adjustment of the children.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Family Preservation (1628)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP	
Extensive research has been conducted on the importance of visitation between in-custody children and their families. Positive impacts on both the system and the child are:													
System Impacts													
· Shortens the duration of the families' involvement in the system													
· The most frequent outcome is reunification													
· Provides courts with more information regarding the relationship between child and parent													
· Increases the frequency of visits between children and parents													
Child Impacts													
· Maintains a secure attachment with parent(s)													
· Increases the likelihood of the positive development of the child													
· Provides an opportunity to facilitate the healing of the child's emotional burden's while coping with parental separation													
· Helps children relate better to their foster parents													
· Gives both the children and their foster parents continuing opportunities to see the parents realistically.													
A family visitation center is a neutral location, where a child and parent separated by a court order can meet. Workers are either in the room with the parent and child or standing nearby to supervise the visits. Visitation center meetings can take place after work hours and on weekends, in a more informal, natural setting.													
Visitation centers may also provide additional services such as parenting classes, support groups and transportation. The visitation centers allow the parental bond to continue or be fostered while a case works its way through the court system. Without visits, families cannot build or maintain a bond, and without visitation centers, the visits are not happening at the frequency that should be occurring.													
Visitation centers are effective in providing a desperately needed structure for "safe" visits. These programs will provide families with opportunities to maintain and foster their relationships with their children. The visitation process is critical for the reunification of families.													
		Totals	23,990.5	0.0	274.9	3,461.0	0.0	0.0	20,254.6	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Base Rate (2236)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	10,011.1	0.0	100.0	157.4	0.0	0.0	9,753.7	0.0	0	0	0
1002 Fed Rcpts		2,540.2										
1003 G/F Match		3,845.7										
1004 Gen Fund		2,633.7										
1005 GF/Prgm		991.5										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	FnI Auth	9,078.4	0.0	10.0	137.4	0.0	0.0	8,931.0	0.0	0	0	0
1002 Fed Rcpts		1,956.0										
1003 G/F Match		3,811.0										
1004 Gen Fund		2,319.9										
1005 GF/Prgm		991.5										
Subtotal 19,089.5 0.0 110.0 294.8 0.0 0.0 18,684.7 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	10,011.1	0.0	100.0	157.4	0.0	0.0	9,753.7	0.0	0	0	0
1002 Fed Rcpts		2,540.2										
1003 G/F Match		3,845.7										
1004 Gen Fund		2,633.7										
1005 GF/Prgm		991.5										
Imported from Legislative Finance.												
Subtotal 29,100.6 0.0 210.0 452.2 0.0 0.0 28,438.4 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Child Protection: Foster Care Daily Rate Increase of 13.5%												
	Inc	1,258.5	0.0	0.0	0.0	0.0	0.0	1,258.5	0.0	0	0	0
1002 Fed Rcpts		349.0										
1004 Gen Fund		909.5										

The Department requests an increment of \$1,258.5 (\$349.0 Federal and \$909.5 General Funds) to cover the cost of an increase in the daily rate of the Foster Care Base Rate. The current Foster Care Base Rate set in 1998 is based on the federal poverty guidelines of 1993 and does not reflect overall cost of living increase of 23.45% that has occurred since that time. The Department proposes to increase the daily base rate to the 1997 poverty guidelines, an increase of 13.5% over the 1993 level. Even with this modest increase foster care providers will receive 90.1% of the 2001 federal poverty guidelines, 9.9% less than the current poverty guidelines. The daily rate increase will raise the base rate from the FY2000 and FY2001 average of \$22.34 per day to

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Base Rate (2236)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
\$25.36 per day, an increase of \$3.02 per day.												
When the State removes a child from his/her own home, the State must provide for the care of that child by placing the child in a foster home or in the care of an agency or institution. Trained, experienced foster families are a valuable resource, providing an essential service. In recent years, children placed in foster care have more complex needs and issues, and foster parents are often required to have a greater level of specialized knowledge.												
The foster care base rate is designed to reimburse these foster parents for the basic costs of raising and parenting the child, including food, clothing and shoes, shelter, personal grooming items, school supplies and school activities, games, toys, books and recreational equipment, activities such as community sports, outings and movies, transportation, allowance, child care and the daily parental supervision normally carried out by the parent.												
A 1991 US Department of Health and Human Services nationwide survey of current and former foster care providers found that approximately 25% of foster parents who leave the system cite the reason as inadequate reimbursement. In Anchorage, 40% of the foster parents who responded to the University of Alaska, Anchorage's survey, conducted in March of 2001 by the School of Social Workers Masters Program, indicated that the monetary stipend was inadequate to meet the basic needs of the foster child. A shortage of foster parents already exists; an inability to reimburse foster care providers for services rendered will seriously threaten the success that the Department has made during the past two years to recruit more foster parents. Further, this may disrupt placements and result in foster care providers returning children to the Division.												
The State has an obligation to reimburse foster care providers for the cost of care for children in their custody. If the State fails to meet its obligation, foster care providers will have no legal obligation to continue to provide care for the children. This could result in foster care providers returning children to the Division. A lack of foster parents to care for the children committed to State custody would seriously undermine the State's child welfare system and negatively impact the children the State is responsible for protecting.												
Totals		30,359.1	0.0	210.0	452.2	0.0	0.0	29,696.9	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Augmented Rate (2237)

RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	3,685.5	0.0	0.0	0.0	0.0	0.0	3,685.5	0.0	0	0	0
1002 Fed Rcpts		396.2										
1003 G/F Match		1,231.1										
1004 Gen Fund		478.8										
1007 I/A Rcpts		1,079.4										
1037 GF/MH		500.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fn1 Auth	3,608.8	0.0	0.0	0.0	0.0	0.0	3,608.8	0.0	0	0	0
1002 Fed Rcpts		351.4										
1003 G/F Match		1,199.2										
1004 Gen Fund		478.8										
1007 I/A Rcpts		1,079.4										
1037 GF/MH		500.0										
Subtotal 7,294.3 0.0 0.0 0.0 0.0 0.0 0.0 7,294.3 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	3,685.5	0.0	0.0	0.0	0.0	0.0	3,685.5	0.0	0	0	0
1002 Fed Rcpts		396.2										
1003 G/F Match		1,231.1										
1004 Gen Fund		478.8										
1007 I/A Rcpts		1,079.4										
1037 GF/MH		500.0										
Imported from Legislative Finance.												
Subtotal 10,979.8 0.0 0.0 0.0 0.0 0.0 0.0 10,979.8 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Foster Care Augmented Rate Caseload Underfunding												
	Inc	63.0	0.0	0.0	0.0	0.0	0.0	63.0	0.0	0	0	0
1004 Gen Fund		63.0										

The Department requests an increment of \$63.0 General Funds to cover the cost of the caseload for the Foster Care Augmented program. In FY2001, 30.6% of the children in foster care received an augmentation to their base rate. The Department anticipates that the percentage of augmented cases will continue at 30.6% in FY2002 and FY2003.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Augmented Rate (2237)

RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
<p>The Augmented Foster Care program or difficulty of care program, reimburses foster care providers for extraordinary costs and for higher levels of supervision not otherwise covered by the Foster Care Base Rate program. When children enter foster care with a higher level of disturbance, foster parents are required to access a higher level of services to meet their needs (i.e., physical and/or psychological therapy, supervised visits with family members, individual education plans, tutoring).</p> <p>Decisions on whether to pay Augmented Foster Care rates are made on a case-by-case basis in accordance with Division policy and State and Federal foster care regulations, and augmented rates must be approved in advance by regional management based on documented assessed needs. The Division utilizes a Foster Care Placement Level Checklist which establishes guidelines to assist in determining a child's Augmented/Difficulty of Care rate. Each case must be reassessed at least every six months to determine whether continuation of augmented foster care rates are necessary and in the best interest of the child.</p> <p>Budget Projections: The Augmented Foster Care budget is calculated based on historical costs, the projected Foster Care Base Rate caseload, and the percentage of children in the Foster Care Base Rate program that receive a rate augmentation. The overall foster care caseload increased 16.8% in FY1998, 16.4% in FY1999, and 5.8% in FY2000. Due in part to the success of State initiatives Project SUCCEED and the Balloon Project transitioning children from long-term foster care to permanent homes to comply with the new child protection law, the foster care caseload decreased by 6.2% in FY2001. During this same period, however, the percentage of children receiving a rate augmentation has increased due to children coming into foster care with increasing special needs. In FY1998 approximately 19.3% of the children in foster care received a rate augmentation. In FY1999 23.5% of children received augmented rates, 27.8% in FY2000, and FY2001 30.6% of children in foster care received an augmentation to the foster care base rate.</p> <p>Potential Impact if this Increment is Not Funded: The safety of children in DFYS custody will be diminished if the FY2003 foster care budget is maintained at the FY2002 funding level. If the current budget remains static, the Division anticipates a budget deficit for Foster Care Augmented in excess of \$63.0 in FY2003.</p>												
	Totals	11,042.8	0.0	0.0	0.0	0.0	0.0	11,042.8	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Special Need (2238)

RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	3,199.2	0.0	0.0	922.6	0.0	0.0	2,276.6	0.0	0	0	0
1002 Fed Rcpts		525.9										
1003 G/F Match		192.3										
1004 Gen Fund		1,683.1										
1007 I/A Rcpts		50.0										
1037 GF/MH		747.9										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fn1 Auth	3,811.7	0.0	0.0	928.1	1.5	5.0	2,877.1	0.0	0	0	0
1002 Fed Rcpts		905.6										
1003 G/F Match		168.3										
1004 Gen Fund		1,889.9										
1007 I/A Rcpts		100.0										
1037 GF/MH		747.9										
Subtotal												
		7,010.9	0.0	0.0	1,850.7	1.5	5.0	5,153.7	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	3,199.2	0.0	0.0	922.6	0.0	0.0	2,276.6	0.0	0	0	0
1002 Fed Rcpts		525.9										
1003 G/F Match		192.3										
1004 Gen Fund		1,683.1										
1007 I/A Rcpts		50.0										
1037 GF/MH		747.9										
Imported from Legislative Finance.												
Subtotal												
		10,210.1	0.0	0.0	2,773.3	1.5	5.0	7,430.3	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Foster Care Special Needs Caseload Underfunding												
	Inc	595.3	0.0	0.0	0.0	0.0	0.0	595.3	0.0	0	0	0
1004 Gen Fund		595.3										

The Department requests a General Fund increment of \$595.3 to cover the cost of FY2003 foster care caseload underfunding. For the past few years, the Department's foster care programs have been short-funded and supplemental appropriations have been necessary to cover the cost of under-funded caseload growth. The Governor's FY2001 budget included a \$1,334.9 increment for foster care special needs caseload growth. Legislative funding for this

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Special Need (2238)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

request was reduced by \$1,331.1 resulting in a net caseload growth increment of \$201.8. The Governor's FY2002 budget included a \$631.9 increment for foster care special needs caseload growth. This request was short-funded by \$557.6.

Goods and Services Purchased with Special Needs Funds: The Foster Care Special Needs program is designed to reimburse foster care providers for "one-time" or "irregular" expenses authorized by AS 47.14 that are not covered by the Foster Care Base Rate or that are being paid by the Foster Care Augmented program. State regulations (Sections 7 AAC 53.050 and 7 AAC 53.310-350) outline the allowable uses of Special Needs payments to DFYS clients. In FY2000 the Division redesigned and implemented a new assessment tool to standardized the needs assessment process and to improve equity between foster care providers.

The new assessment tool provides standardized criteria to determine the level of care and special needs of children. Some types of expenditures have resource equity criteria assigned, and all expenditures must be based on documented assessed need. Examples of allowable expenditures include the following:

- licensed child care for children in foster care to enable their foster parent(s) to continue working;
- childcare for foster parents to attend court hearings, case conferences, or training events;
- extraordinary clothing for medically fragile children and for children experiencing a growth spurt;
- initial clothing for a new placement first coming into foster care; court costs including the cost or fee for an expert witness to testify for the state and the cost for a teleconference of a court hearing;
- damages and loss to foster parent in accordance with 7 AAC 53.110;
- food and dry goods considered essential to maintain a placement in an unlicensed relative's home; food for special diets for children that cannot eat a regular diet (must be recommended by a doctor);
- rent, utility or house payments to help maintain a child in a specific unlicensed relative placement;
- extraordinary laundry;
- medical, dental, diagnostic, assessment, treatment services, and medical equipment for foster children that are not covered under Medicaid or other third-party coverage;
- medical exams during CPS investigations; non-recurring adoption expenses;
- paternity testing for alleged biological parent; personal incidentals including activity fees for reasonable and occasional events (resource equity criteria based);
- search for and notices to missing parents;
- services to parent(s), legal guardians, and Indian custodians including homemaker services, counseling or therapy, parent training, substance abuse treatment services, sex offender treatment, and other mental health services;
- shipping and freight costs to bring child's personal belongings to a specific placement;
- special equipment, furniture, and services such as special cribs, beds, mattresses for persons with disabilities;
- stand-by foster homes;
- travel for children in foster care to visit with their families;
- travel for foster children other than visits with family (child in custody and placement travel over 50 miles from their placement for more than 24 hours);
- travel for parent visit with child; travel for staff or non-employee escort travel; and paid supervised visitation.

Budget Projections: The Department's Foster Care program budgets are based on historical cost data and projected caseloads. Full time equivalents (FTE's) are the standard measure used by the Department to report caseload data and to project anticipated caseload growth. The Foster Care Special Needs budget is calculated based on historical cost data and is driven by projected growth in the Foster Care Base Rate program. The Foster Care Base Rate caseload is utilized because all children in Foster Care are potential recipients of Foster Care Special Needs benefits, and growth in the Base Rate caseload directly increases the number of requests for Special Needs payments.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Special Need (2238)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
The Department anticipates the Foster Care Base Rate and Foster Care Special Needs caseloads to remain steady in FY2002 and FY2003. The projected caseload is due to an overall increase in the State's population and general fluctuations in the foster care caseload.												
Potential Impact if this Increment is Not Funded: The safety of children in DFYS custody will be diminished if the FY2003 Foster Care Special Needs budget is maintained at the FY2002 funding level. The FY2002 authorization may be insufficient to cover FY2002 caseload growth resulting in the need for an FY2002 supplemental. If the current budget remains static, the Division anticipates a budget deficit for Foster Care Special Needs of approximately \$595.3 in FY2003. If this increment is not funded, the Department will have insufficient funds to pay Foster Care Special Needs benefits, and will be unable to meet this statutory mandate.												
This incremental request is critical to ensure continuity of client services. There is already a shortage of foster parents. An inability (whether real or perceived) to reimburse foster care providers for services rendered will seriously erode any success that the Department has made during the last two years to recruit more foster parents. Foster parents rely on the State being able to reimbursement them for the costs of care for the children in their care. Any reduction in payments may disrupt these placements and result in the Department not having enough foster parents to care for the children committed to State custody. If the State is unable to reimburse foster care providers for their costs of care, DFYS social workers will not be able to find many foster parents that are willing or able to place abused in neglected children that unsafe in their own homes.												
DEED I/A for Child Care to Unlicensed Relatives Providing Foster Care												
	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
1007 I/A Rcpts		500.0										
The Division requests an increment of \$500.0 Interagency Receipts to provide child care to unlicensed relatives who are foster care providers to children in state custody. When it is no longer safe for children who suffer from abuse and neglect to remain at home, they are taken into state custody, and placed in foster homes. Very often these are emergency placements, and the foster home, are relatives who are not licensed. (Alaska Statute requires the state to place children with relatives, if the placement is safe and appropriate, regardless of whether the home is licensed for foster care.)												
These relatives are often employed full time, with an income too high to qualify for the Child Care Assistance Program, but not adequate to incur the cost of full time child care. Since DFYS may only reimburse licensed foster homes, these relatives are also not receiving foster care reimbursement. Additional Child Care and Development Fund (CCDF) funds would allow DFYS to reimburse unlicensed relative foster parents for child care expenditures.												
The Division anticipates providing this service for 105 children ranging from 0 to 5 years of age in FY2003 and 115 children ranging from 6 to 11 years of age.												
	Totals	11,305.4	0.0	0.0	2,773.3	1.5	5.0	8,525.6	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Foster Care Alaska Youth Initiative (2239)

RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	550.0	0.0	0.0	0.0	0.0	0.0	550.0	0.0	0	0	0
1004 Gen Fund		150.0										
1037 GF/MH		400.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fnl Auth	858.2	0.0	0.0	0.0	0.0	0.0	858.2	0.0	0	0	0
1004 Gen Fund		458.2										
1037 GF/MH		400.0										
Subtotal												
		1,408.2	0.0	0.0	0.0	0.0	0.0	1,408.2	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	550.0	0.0	0.0	0.0	0.0	0.0	550.0	0.0	0	0	0
1004 Gen Fund		150.0										
1037 GF/MH		400.0										
Imported from Legislative Finance.												
Subtotal												
		1,958.2	0.0	0.0	0.0	0.0	0.0	1,958.2	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals												
		1,958.2	0.0	0.0	0.0	0.0	0.0	1,958.2	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Subsidized Adoptions & Guardianship (1962)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	12,968.2	0.0	0.0	450.0	0.0	0.0	12,518.2	0.0	0	0	0
1002 Fed Rcpts		4,862.8										
1003 G/F Match		3,152.0										
1004 Gen Fund		4,953.4										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Finl Auth	12,847.1	0.0	0.0	522.0	0.0	0.0	12,325.1	0.0	0	0	0
1002 Fed Rcpts		3,997.9										
1003 G/F Match		2,758.4										
1004 Gen Fund		5,277.4										
1037 GF/MH		323.0										
1092 MHTAAR		490.4										
Subtotal												
		25,815.3	0.0	0.0	972.0	0.0	0.0	24,843.3	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	12,968.2	0.0	0.0	450.0	0.0	0.0	12,518.2	0.0	0	0	0
1002 Fed Rcpts		4,862.8										
1003 G/F Match		3,152.0										
1004 Gen Fund		4,953.4										
Imported from Legislative Finance.												
Subtotal												
		38,783.5	0.0	0.0	1,422.0	0.0	0.0	37,361.5	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Subsidized Adoption & Guardianship Growth of 14%												
	Inc	3,641.9	0.0	0.0	0.0	0.0	0.0	3,641.9	0.0	0	0	0
1002 Fed Rcpts		596.1										
1004 Gen Fund		3,045.8										

The Department requests an FY2003 budget increment of \$3,641.9 (\$596.1 Federal Receipts, \$3,045.8 General Fund) to cover the cost of a projected 14% growth in the Subsidized Adoption & Guardianship Program. This increment is necessary to ensure continuity of subsidy payments and continued success of the subsidy program.

Budget Projections and Caseload Growth: The Subsidized Adoption & Guardianship budget and FY2003 increment request is based on projected caseloads. The following table shows the number of children in the Subsidized Adoption & Guardianship program from FY1992 to FY2003 (FY2002 and FY2003)

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Subsidized Adoptions & Guardianship (1962)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

projected). At the close of FY2001, there were 1,515 children in the Subsidized Adoption & Guardianship program. The Department anticipates the number of children in the Subsidized Adoption & Guardianship program to increase by 14% to 1,727 in FY2002 with an additional 14% growth to 1,969 in FY2003.

Fiscal Year	Number of Clients	% Change
FY1992	338	
FY1993	450	33.1%
FY1994	605	34.4%
FY1995	696	15.0%
FY1996	775	11.4%
FY1997	847	9.3%
FY1998	1,017	20.1%
FY1999	1,169	14.9%
FY2000	1,332	13.9%
FY2001	1,515	13.7%
FY2002 (Projected)	1,727	14.0%
FY2003 (Projected)	1,969	14.0%

Several factors have contributed to the success and growth of the Subsidized Adoption & Guardianship program. New Federal and State policies calling for increased emphasis on permanency planning have been implemented. The impetus behind this is to keep children from going in and out of foster care and to place them into a permanent home. Specific action taken by the State includes the creation of the Child Protection Legal Assistance BRU in FY1999 and implementation of the State initiatives Project SUCCEED and the Balloon Project.

The Department continues to dedicate resources and has implemented initiatives including Project SUCCEED and the Adoption Placement Program to comply with State and Federal laws to move children waiting in the child welfare system to a permanent home. Project SUCCEED and the Adoption Placement Program are multi-agency projects that target funds to the Court System, Department of Law, Office of Public Advocacy and the Public Defender Agency to focus on legal proceedings needed for children who have been in custody the longest period of time. Project SUCCEED also provides funds to two community grants to help prepare the child and family for final adoption and guardianship and to follow the child and family for up to one year after the final adoption or guardianship court hearing.

The Adoption Placement Program has been a significant factor in the Division's ability to move children from the foster care system and into permanent homes. This project increases the State's ability to comply with State and Federal permanency planning mandates. In FY2000, the Adoption Placement Program provided funding for an additional 14 DFYS social workers positions that worked exclusively on the "Transition List" of children that have been in custody the longest. The program social worker positions continued in FY2001 to focus on timely case plans and to provide services to those children that have been in the state's custody the longest.

Program Summary: State and Federal law, including Alaska's HB 375 (Chapter 99, SLA 98) and the Federal Adoption and Safe Families Act of 1998, mandate the Department to increase the emphasis on permanency planning and to move quickly to find permanent homes for children in State custody. AS 25.23.190 further stipulates that "A hard-to-place child in the permanent custody of the department in a foster home for not less than one year may not be denied the opportunity for a permanent home if the achievement of this depends on continued subsidy by the state." A child must have special needs in order to qualify for the Subsidized Adoption and Guardianship program. Special needs categories include physical or mental disabilities, emotional disturbance, recognized high risk of physical or mental disease, age, membership in a sibling group, racial or ethnic factors, or any combination of these conditions.

The Subsidized Adoption & Guardianship program has been a huge success due to increased emphasis on permanency planning and the State initiatives

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Subsidized Adoptions & Guardianship (1962)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
<p>Project SUCCEED and the Adoption Placement Program. From FY1992 to FY2001 the number of children removed from the Foster Care system and placed in a permanent home increased from 338 to 1,515. This represents an increase of 348% for the nine-year period. At the end of FY2000 there were 1,332 children in the Subsidized Adoption and Guardianship program. This increased to 1,515 children (183 new children) at the end of FY2001 resulting in a net caseload increase of 13.7% in FY2001.</p> <p>The Subsidized Adoption & Guardianship program provides the State with a cost effective alternative to Foster Care. State law stipulates that adoption and guardianship subsidy payments may not exceed what would have been paid had the child been in foster care. The FY2002 projected average daily cost per child for the Subsidized Adoption & Guardianship program is \$22.77 compared to an average daily cost of \$28.74 for children in foster care (includes the Foster Care Base Rate and Foster Care Special Needs). In addition, in FY2001 approximately 30.7% of the children in foster care had special needs and received a rate augmentation which averaged \$20.15 per day. There are also indirect cost savings for Subsidized Adoption & Guardianship cases because these children are typically not carried as part of the DFYS social worker caseloads.</p> <p>Potential Impact if this Increment is Not Funded: If this increment is not funded, the Department will be unable to pay subsidies for approximately 382 clients in this program. Failure to move children to adoption or guardianship will result in violation of the Federal Adoption and Safe Families Act, Alaska's HB 375 (Chapter 99, SLA 98), and AS 25.23.190 which states that "A hard-to-place child in the permanent custody of the department in a foster home for not less than one year may not be denied the opportunity for a permanent home if the achievement of this depends on continued subsidy by the state." Lack of payment would also pose a serious financial hardship on many of the guardians and adoptive families and would potentially subject the State to legal action for breach of contract.</p>												
	Totals	42,425.4	0.0	0.0	1,422.0	0.0	0.0	41,003.4	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Residential Child Care (253)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	13,122.9	0.0	0.0	106.3	0.0	0.0	13,016.6	0.0	0	0	0
1002 Fed Rcpts		625.0										
1003 G/F Match		580.2										
1004 Gen Fund		7,086.4										
1007 I/A Rcpts		775.0										
1037 GF/MH		3,956.3										
1092 MHTAAR		100.0										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	FnI Auth	14,127.8	0.0	0.0	66.3	0.0	0.0	14,061.5	0.0	0	0	0
1002 Fed Rcpts		625.0										
1003 G/F Match		580.2										
1004 Gen Fund		6,996.4										
1007 I/A Rcpts		1,869.9										
1037 GF/MH		3,956.3										
1092 MHTAAR		100.0										
Subtotal 27,250.7 0.0 0.0 172.6 0.0 0.0 27,078.1 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	13,122.9	0.0	0.0	106.3	0.0	0.0	13,016.6	0.0	0	0	0
1002 Fed Rcpts		625.0										
1003 G/F Match		580.2										
1004 Gen Fund		7,086.4										
1007 I/A Rcpts		775.0										
1037 GF/MH		3,956.3										
1092 MHTAAR		100.0										
Imported from Legislative Finance.												
Subtotal 40,373.6 0.0 0.0 278.9 0.0 0.0 40,094.7 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Child Protection: Mental Health Stabilization Homes												
	Inc	650.0	0.0	0.0	0.0	0.0	0.0	650.0	0.0	0	0	0
1007 I/A Rcpts		550.0										
1037 GF/MH		50.0										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Residential Child Care (253)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1092 MHTAAR		50.0										
<p>These homes provide five short-term beds (2-4 months) for children in state custody waiting for a permanent placement. The homes will accept statewide referrals for residential treatment while a long-term treatment plan is finalized. The level of care will be an alternative to hospital, institutional, or out-of-state placement for youth with serious emotional disturbances. Youth with FAE/FAS will also be accepted while appropriate services are finalized. The project involves collaboration between DFYS, DJJ, and DMHDD and is part of the DFYS continuum of care.</p> <p>The project received initial funding in FY 01. Grantees must be Medicaid-eligible mental health providers. FY 03 marks the beginning of a transition from MHTAAR to GF/MH funding.</p>												
Behavioral Rehabilitation Services I/A												
	Inc	6,087.8	0.0	0.0	0.0	0.0	0.0	6,087.8	0.0	0	0	0
1007 I/A Rcpts		6,087.8										
<p>The Department requests an increment of \$6,087.8 in Interagency Receipts for Medicaid financing of Behavioral Rehabilitation Services (BRS). The Division of Family and Youth Services (DFYS) will provide Behavioral Rehabilitation Services for Medicaid eligible children in DFYS' custody who reside in residential care facilities. The Division of Assistance (DMA) will process Medicaid claims for the Behavioral Rehabilitation Services DFYS provides to these children. This partnership will maximize federal funding resources and enable DFYS to improve and increase service to its clients.</p> <p>The Division of Family and Youth Services, through its Residential Child Care component, will provide 24-hour care for children in the custody of the Department who are not able to remain in their own home or who need more structure and treatment than can be provided in foster care. Children and youth placed in residential care often present severe and complex treatment problems such as sexual abuse, sexually aggressive behavior, substance abuse, severe emotional disorders, delinquent behavior, and other dysfunctional behavior. The Division will issue Residential Child Care grants to non-profit agencies on a competitive basis to provide high-quality, time-limited residential treatment services for these children. The Division's grant contract with the residential care providers will require Behavioral Rehabilitation Services to be provided to each child served within a Level 2, 3, or 4 Residential Care Center. Virtually all such children are eligible for Medicaid coverage of Behavioral Rehabilitation Services.</p> <p>DFYS' Residential Child Care component currently provides these services through an unbudgeted RSA. This increment will increase the Residential Child Care component interagency receipt authority to reflect the on-going need for these services.</p>												
Totals		47,111.4	0.0	0.0	278.9	0.0	0.0	46,832.5	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Court Orders and Reunification Efforts (2477)
RDU: Purchased Services (78)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT PPT		NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1004 Gen Fund	ConfCom	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
Imported from Legislative Finance.												
FY 01 Final Authorized												
1004 Gen Fund	Finl Auth	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
Subtotal 1,000.0 0.0 0.0 0.0 0.0 0.0 1,000.0 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1004 Gen Fund	ConfCom	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0
Imported from Legislative Finance.												
Subtotal 1,500.0 0.0 0.0 0.0 0.0 0.0 1,500.0 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals 1,500.0 0.0 0.0 0.0 0.0 0.0 1,500.0 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Children's Trust Programs (2146)

RDU: Children's Trust Programs (260)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Year 3 Labor Costs - Net Change from FY2002												
1098 ChildTrErn	SalAdj	1.9	1.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
Realign revenue sources to maintain program services												
1002 Fed Rcpts	FndChg	-70.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		71.9										
1098 ChildTrErn		-1.9										
This fund source change is being requested to maintain services of the Children's Trust.												
Transfer to fully fund one position component												
	LIT	0.0	1.8	0.0	-1.8	0.0	0.0	0.0	0.0	0	0	0
In this single position component, there is unlikely to be any vacancy, necessitating a transfer to fully fund personal services.												
Totals		1.9	3.7	0.0	-1.8	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Family and Youth Services Training (2307)
RDU: Family and Youth Services Staff Training (322)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,233.5	0.0	100.0	1,133.5	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		797.0										
1003 G/F Match		436.5										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Enl Auth	1,158.3	0.0	254.8	893.5	10.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		717.0										
1003 G/F Match		436.5										
1007 I/A Rcpts		4.8										
<hr/>												
	Subtotal	2,391.8	0.0	354.8	2,027.0	10.0	0.0	0.0	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,233.5	0.0	100.0	1,133.5	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		797.0										
1003 G/F Match		436.5										
Imported from Legislative Finance.												
<hr/>												
	Totals	3,625.3	0.0	454.8	3,160.5	10.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Administration (302)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	3,695.5	2,010.3	305.1	1,249.5	83.9	46.7	0.0	0.0	30	1	0
1002 Fed Rcpts		2,035.6										
1004 Gen Fund		137.4										
1007 I/A Rcpts		314.2										
1013 Alchl/Drug		2.0										
1037 GF/MH		1,131.0										
1108 Stat Desig		75.3										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fnl Auth	2,890.9	1,620.9	300.8	847.9	83.9	37.4	0.0	0.0	30	1	0
1002 Fed Rcpts		1,315.5										
1004 Gen Fund		136.3										
1007 I/A Rcpts		129.0										
1013 Alchl/Drug		2.0										
1037 GF/MH		1,182.6										
1053 Invst Loss		0.5										
1092 MHTAAR		50.0										
1108 Stat Desig		75.0										
Subtotal												
		6,586.4	3,631.2	605.9	2,097.4	167.8	84.1	0.0	0.0	60	2	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	3,695.5	2,010.3	305.1	1,249.5	83.9	46.7	0.0	0.0	30	1	0
1002 Fed Rcpts		2,035.6										
1004 Gen Fund		137.4										
1007 I/A Rcpts		314.2										
1013 Alchl/Drug		2.0										
1037 GF/MH		1,131.0										
1108 Stat Desig		75.3										
Imported from Legislative Finance.												
Transfer Grant Administrative Function to CAASA Grants component ADN 0620002												
	Trout	-1,059.6	-294.6	-80.0	-685.0	0.0	0.0	0.0	0.0	-4	0	0
1002 Fed Rcpts		-851.6										
1007 I/A Rcpts		-65.0										
1037 GF/MH		-143.0										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Administration (302)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will resolve this issue of accountability. This is the first phase of accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.

This change record will transfer the staff (PCNs 06-312, 0506, 0486 and 0483) and funds associated with the prevention grants administration to the CAASA Grants component.

Transfer Treatment Grant Admin to ADA Grant component ADN 0620002

Trout	-639.6	-511.1	-55.0	-54.0	-17.5	-2.0	0.0	0.0	-8	0	0
1007 I/A Rcpts	-65.0										
1037 GF/MH	-574.6										

The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will resolve this issue of accountability. This is the first phase of accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.

This transfer is to move the staff (PCNs 06-2237, 0281, 0313, 0508, 0446, 0370, 0399, and ?326) and funding associated with the Treatment Grants into the ADA Grant component.

Transfer Community Grants Positions to Comm Grants Prevention component ADN 0620002

Trout	-460.7	-300.7	-95.0	-30.0	-30.0	-5.0	0.0	0.0	-5	0	0
1002 Fed Rcpts	-460.7										

The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will resolve this issue of accountability. This is the first phase of the accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.

This change record will transfer the staff (PCNs 06-0504, 270, 0516, 0518 and 2271) and funding associated with the FAS grants administration to the Community Grants component where the FAS grants will be administered.

Subtotal	8,122.0	4,535.1	681.0	2,577.9	204.2	123.8	0.0	0.0	73	3	0
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***** Changes From FY2002 Management Plan To FY2003 Governor *****

Year 3 Labor Costs - Net Change from FY2002

SalAdj	28.6	28.6	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts	5.4										
1004 Gen Fund	2.7										
1037 GF/MH	20.3										
1108 Stat Desig	0.2										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Administration (302)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Transfer one PCN and Salary from ADA Admin to ADA Treatment Grants												
1004 Gen Fund	Trout	-16.1	-16.1	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
This is a transfer of PCN 06-0372 and partial funding to ADA Treatment Grants. The transfer of positions was started in the FY2002 Management Plan, and should have included this PCN, but did not. This position is the support position for the Treatment Grant program and logically should be located there.												
Totals		8,134.5	4,547.6	681.0	2,577.9	204.2	123.8	0.0	0.0	72	3	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: AK Fetal Alcohol Syndrome Program (2598)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Transfer FAS Program from Community Grants-Prevention to AK FAS Program												
1002 Fed Rcpts	Trin	6,432.4	311.0	95.0	2,457.0	30.0	5.0	3,534.4	0.0	5	0	0
In phase 2 of the Division of Alcoholism and Drug Abuse reorganization, the budget is being realigned to properly reflect the organization structure. Because of the uniqueness of the FAS program a new component was established and its associated budget and personnel are being transferred into this component												
Line Item Transfer between Contractual and Personal Services												
	LIT	0.0	10.0	0.0	-10.0	0.0	0.0	0.0	0.0	0	0	0
This a line item transfer to balance the personal services line within the allowable vacancy factor.												
	Totals	6,432.4	321.0	95.0	2,447.0	30.0	5.0	3,534.4	0.0	5	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol Safety Action Program (ASAP) (305)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	1,112.8	508.9	8.7	37.4	15.0	8.9	533.9	0.0	10	0	0
1004 Gen Fund		964.5										
1005 GF/Prgm		148.3										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fnl Auth	1,106.4	494.9	9.6	32.9	24.6	10.5	533.9	0.0	10	0	0
1004 Gen Fund		954.8										
1005 GF/Prgm		146.4										
1053 Invst Loss		5.2										
Subtotal 2,219.2 1,003.8 18.3 70.3 39.6 19.4 1,067.8 0.0 20 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	1,112.8	508.9	8.7	37.4	15.0	8.9	533.9	0.0	10	0	0
1004 Gen Fund		964.5										
1005 GF/Prgm		148.3										
Imported from Legislative Finance.												
Liquor License applicant check/training CH 63 SLA 2001 (HB 132) ADN 0620006												
	FisNot	46.9	0.0	0.0	0.0	0.0	0.0	0.0	46.9	1	0	0
1004 Gen Fund		46.9										
This bill reduced the blood alcohol level threshold for DUI to .08 which will result in an estimated 5% increase in the number of DUI cases resulting in convictions and mandatory referral to Alcohol Safety Action Programs. This funding will increase the capacity at grantee programs and the state run Anchorage ASAP to provide the assessment and referrals required. FY02 costs represent 10 month funding with an effective date on this provision of September 1, 2001.												
Distribute funding from misc. line for CH 63 SLA 2001 (HB 132) fiscal note ADN 0620006												
	LIT	0.0	25.0	0.0	0.0	0.0	0.0	21.9	-46.9	0	0	0
Line item transfer from miscellaneous line to grants and personal services lines for HB 132 fiscal note.												
Underage Drinking Offenses CH 65 SLA 2001 (HB 179) ADN 0620008												
	FisNot	63.5	63.5	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1004 Gen Fund		63.5										
HB 179 establishes a misdemeanor crime of "habitual minor consuming". The existing ASAP program does not serve minors. ASAP monitors compliance with conditions of the court as part of the sentence. The new position will work on establishing new standards for dealing with youth under this program												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol Safety Action Program (ASAP) (305)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	

for both the Anchorage ASAP office and contract ASAP offices statewide.

Transfer Underage Assessment Funds from CAASA Grants component ADN 0620002

1004 Gen Fund	Trin	304.9	0.0	0.0	0.0	0.0	0.0	304.9	0.0	0	0	0
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The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will resolve this issue of accountability. This is the first phase of accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.

The Juvenile Assessment Program will be conducted by existing Alcohol Safety Action Program (ASAP) grantees. This transfer will move the funding for this program into the ASAP component where it will be administered by the ASAP coordinator.

Line Item Transfer of Personal Services to Grants ADN 0620002

	LIT	0.0	-25.0	0.0	0.0	0.0	0.0	25.0	0.0	-1	1	0
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When the fiscal note for HB 132 was prepared, the funding requested was split between personal services and grants. The division has since made the decision that the limited funding would be best utilized if distributed entirely to the grants line. In order to allow for this increase in grants funding, a position has been downgraded from PFT to PPT.

Subtotal		3,747.3	1,576.2	27.0	107.7	54.6	28.3	1,953.5	0.0	31	1	0
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***** Changes From FY2002 Management Plan To FY2003 Governor *****

Year 3 Labor Costs - Net Change from FY2002

	SalAdj	18.8	18.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		16.3										
1005 GF/Prgm		2.5										

Annualization of Administration of Chapter 63 Fiscal Note

1004 Gen Fund	Inc	9.3	9.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
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Chapter 63 lowers the blood alcohol content for DWI arrests from .10 to .08. It was estimated that this would result in a 5% increase in the number of DUI cases resulting in convictions and mandatory referral to ASAP programs and subsequently to treatment. With the effective date of September 1, 2001, FY2002 was funded for 10 months. This increment would annualize the fiscal note to the 12 month funding level. The actual increase in number of cases may well be over 5%, but until more data can be collected, additional costs cannot be quantified.

Alcohol Initiative: Stabilization of Alcohol Safety Action Program (ASAP)

1004 Gen Fund	Inc	470.0	164.6	0.0	0.0	20.0	30.0	255.4	0.0	4	-1	0
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The ASAP system provides a standardized statewide network of alcohol screening and case management of alcohol related cases referred by the criminal justice system. ASAP operates as a neutral link between the justice and the health care delivery systems. This requires a close working relationship among

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol Safety Action Program (ASAP) (305)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

all involved agencies: enforcement, prosecution, judicial, probation, corrections, rehabilitation, licensing, traffic records, and public information/education agencies. This increment is part of a multi-department Alcohol Funding Initiative.

The basic ASAP function is to provide case management and accountability for DWI and other alcohol/drug-related misdemeanor cases. This involves screening cases referred from the district court into drinker classification categories, as well as managing and monitoring cases throughout education and/or treatment requirements.

The ASAP Evaluation Survey conducted by Dr. Sharon Araj, University of Alaska Anchorage, reported that the ASAP program was extremely successful in impacting the recidivism rates of DWI offenders. Research demonstrated that 75% of the DWI offenders and 52% of the non-DWI offenders did not receive a new criminal/traffic offense (2nd) within 3 years of their original ASAP referral. One of the strongest recommendations made was to concentrate on the "high-risk" ASAP client. This is the group of clients who comprise 30-35% of the client population, but utilize an enormous amount of services throughout the system. Since a number of these clients are repeat DWI offenders, it was recommended that intensive monitoring and other strategies be employed to deal effectively with this population.

The purpose of this increment is to expand and stabilize the ASAP statewide network. Between 1988 and 1995, ASAP's caseload almost doubled but its budget shrank. It closed five grantee offices and significantly cut back on monitoring offenders' compliance with treatment.

In FY2001 the Anchorage ASAP was responsible for providing case management and monitoring services to 3876 new cases; FY2002 case management is estimated at 4,100 new cases. In the Alaska Criminal Justice Assessment Commission (CJAC), Final Report May 2000, the Commission strongly recommended that the legislature restore funds to ASAP and expand its monitoring ability.

This increment would establish 3 PFT positions for the Anchorage ASAP Office, and reclassify one existing position from PPT to PFT. The additional staffing would allow the office to handle the increase of referrals, eliminate current backlog of new cases, ensure timely monitoring of referrals, and provide the resources needed to effectively link clients to best and/or appropriate services and intensively monitor the "high-risk" client.

Increased staff would allow ASAP to meet the service needs of the expanded system. The Anchorage office is the main office for the ASAP system, and responsible for providing statewide policy/procedure, training, technical assistance and oversight of ASAP grant administration.

Additional Positions:

1-Adult Probation Officer III (R18, PCN 06-#214)

1-Social Services Assoc III (R12, PCN 06-#215)

1-Accounting Clerk I (R09, PCN 06-#216)

1-Administrative Clerk III (R08) from PPT to PFT (PCN 06-?052)

Supplies

Equipment

Statewide ASAP Network Program Enhancement

Increase funding of existing programs at nine sites (Dillingham, Fairbanks, Homer, Kenai, Juneau, Ketchikan, Kodiak, Kotzebue, Mat-Su) to accommodate additional caseload

Child Health: Juvenile Alcohol Treatment Expansion

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol Safety Action Program (ASAP) (305)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	Inc	839.1	0.0	0.0	0.0	0.0	0.0	839.1	0.0	0	0	0
1004 Gen Fund		839.1										
<p>Until FY 2002 minors were not served by the existing Alcohol Safety Action Program. The department requested \$400.0 for four pilot sites in Ketchikan, Kotzebue, Fairbanks and Juneau. The Legislature appropriated \$292.5 for these pilot programs in FY2002. This increment not only increases the four pilot sites, but it also addresses the juvenile assessment and treatment needs of the rest of the state including Anchorage.</p> <p>The Division of Alcoholism and Drug Abuse is putting into place a mechanism that requires minors cited for consuming or possessing alcohol to be screened and assessed for alcohol dependency. Early intervention with minors who are known to use alcohol would likely reduce future demands on both the juvenile and adult criminal justice systems. This funding would provide for treatment through grants to the existing adult ASAP programs for those juveniles assessed as needing substance abuse treatment.</p> <p>The demand for alcohol treatment for youth currently exceeds the availability. All providers have waitlists. As early intervention becomes more available through the establishment of Juvenile Alcohol Safety Action Program Services, the need for treatment will become more identifiable.</p> <p>Research shows that youth who begin to consume alcohol before the age of 15 are four times more likely to develop alcohol dependency than people who wait until after the age of 21 to begin drinking. In 1999 the Alaska Court System recorded over 2,200 citations for minors under the age of 18 consuming alcohol.</p> <p>The Juvenile ASAP program would allow an increase in the identification of youth who are clinically diagnosed and in need of residential alcohol treatment in more communities than in the four pilot sites.</p> <p>This increment will provide \$300.0 towards assessment and \$539.1 towards outpatient treatment of those youth identified as needing treatment.</p>												
	Totals	5,084.5	1,768.9	27.0	107.7	74.6	58.3	3,048.0	0.0	35	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	23,083.6	0.0	0.0	0.0	0.0	0.0	23,083.6	0.0	0	0	0
1002 Fed Rcpts		6,592.9										
1004 Gen Fund		5,864.0										
1007 I/A Rcpts		350.0										
1037 GF/MH		9,143.4										
1092 MHTAAR		1,133.3										
Imported from Legislative Finance.												
FY01 Final Authorized												
	FnI Auth	18,044.2	0.0	2.1	76.0	0.0	0.0	17,966.1	0.0	0	0	0
1002 Fed Rcpts		4,563.3										
1004 Gen Fund		4,518.1										
1007 I/A Rcpts		354.5										
1037 GF/MH		7,714.6										
1092 MHTAAR		893.7										
Subtotal												
		41,127.8	0.0	2.1	76.0	0.0	0.0	41,049.7	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	23,083.6	0.0	0.0	0.0	0.0	0.0	23,083.6	0.0	0	0	0
1002 Fed Rcpts		6,592.9										
1004 Gen Fund		5,864.0										
1007 I/A Rcpts		350.0										
1037 GF/MH		9,143.4										
1092 MHTAAR		1,133.3										
Imported from Legislative Finance.												
Increase ADA Grants Sec 37 (g-h) CH 61 SLA 2001 P 91 L 19-27 (SB 29) ADN 0610424												
	OthApr	700.0	0.0	0.0	0.0	0.0	0.0	700.0	0.0	0	0	0
1004 Gen Fund		700.0										

This funding will offset a \$700.0 reduction in the FY02 operating budget. It will allow continuation in FY02 of the FY01 level of Alcohol and Drug Abuse Services grants to treatment programs in Alaska.

According to a recently completed survey on treatment needs in Alaska funded by the Center for Substance Abuse Treatment, 60,672 individuals need substance abuse treatment. 12.6% of Alaska adults, or about 53,268 persons need treatment for alcohol only. The need for treatment for alcohol and other drugs is 1.2%, (about 5,134 persons). About 2,270 adults need treatment for drugs other than alcohol.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
There are currently 40 persons on the waitlist for residential treatment including 5 furloughs from the Department of Corrections. Additionally, there are currently 80 people waitlisted for outpatient treatment in Anchorage alone. With the addition of the DWI and Drug Court these numbers will increase significantly.												
Spirit Camp Ops/Subs Abuse Svcs for Women Sec71(b),CH 61,SLA01 P111 L 11-16 (SB29) ADNs 0620009/0069												
	ReAprop	159.6	0.0	0.0	0.0	0.0	0.0	159.6	0.0	0	0	0
1092 MHTAAR		159.6										
Funding for two Mental Health Trust projects - Spirit Camp Development and Substance Abuse Treatment for Rural Women with Children - was partially reappropriated from FY01 to FY02 due to delays in project development.												
Liquor License applicant check/training CH 63 SLA 2001 (HB 132) ADN 0620006												
	FisNot	242.6	0.0	0.0	0.0	0.0	0.0	0.0	242.6	0	0	0
1004 Gen Fund		242.6										
This bill reduced the blood alcohol level threshold for DUI to .08 which will result in an estimated 5% increase in the number of DUI cases resulting in convictions and mandatory referral to Alcohol Safety Action Programs and subsequently for treatment. Of these additional cases, it is estimated that 75% would be treated in a public program. This funding will increase the capacity at grantee programs to provide the treatment required.												
Distribute funding from misc. line for CH 63 SLA 2001 (HB 132) fiscal note ADN 0620006												
	LIT	0.0	0.0	0.0	0.0	0.0	0.0	242.6	-242.6	0	0	0
Line item transfer from miscellaneous line to grants line for HB 132 fiscal note.												
Drug & Alcohol Court CH 64 SLA 2001(HB 172) ADN 0620007												
	FisNot	399.0	0.0	0.0	0.0	0.0	0.0	399.0	0.0	0	0	0
1004 Gen Fund		399.0										
Pilot projects were established in HB 172 to provide therapeutic drug and alcohol courts that focus on defendants charged with multiple driving while intoxicated offenses. This funding will allow for expansion of the monitoring and treatment capacity at grantee treatment programs.												
Underage Drinking Offenses CH 65 SLA 2001 (HB 179) ADN 0620008												
	FisNot	292.5	0.0	0.0	0.0	0.0	0.0	292.5	0.0	0	0	0
1004 Gen Fund		292.5										
HB 179 requires treatment for "habitual minor consuming" . This fiscal note would fund the necessary treatment expansion to meet the demand created by juvenile treatment requirements.												
Transfer Grant Administrative Function from ADA Administration ADN 0620002												
	Trin	639.6	511.1	55.0	54.0	17.5	2.0	0.0	0.0	8	0	0
1007 I/A Rcpts		65.0										
1037 GF/MH		574.6										

The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
resolve this issue of accountability. This is the first phase of accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.												
This change record will transfer the positions (PCNs 06-2237, 0281, 0313, 0508, 0446, 0370, 0399, ?326) and funds associated with the treatment grants administration to the ADA Grants component where the treatment grants will be administered. PCN 06-?326 will be funded in FY02 through an unbudgeted RSA with the Commissioner's Office to provide oversight of the new suicide prevention efforts.												
Transfer training and technical assistance to contractual ADN 0620002												
	LIT	0.0	0.0	0.0	300.0	0.0	0.0	-300.0	0.0	0	0	0
Training and technical assistance for grantees are provided through contracted services and this funding is more appropriately contained in the contractual services line.												
Subtotal		66,644.7	511.1	57.1	430.0	17.5	2.0	65,627.0	0.0	8	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	15.3	15.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		2.8										
1037 GF/MH		12.5										
Reestablishment of Designated BRU's												
	Trout	-3,213.2	0.0	0.0	0.0	0.0	0.0	-3,213.2	0.0	0	0	0
1004 Gen Fund		-1,691.1										
1037 GF/MH		-1,522.1										
In FY02, the designated funding for Regional Health Corporation Budget Request Units was transferred into the department's division components. The infrastructure and financial support for services do not exist outside the Native Health Corporations in most of the remote locations.												
The Department is requesting that the funds be transferred out of the division's components and back into designated BRU's.												
Maniilaq	427.7 GF and 522.4 GF/MH											
Norton Sound	290.2 GF and 232.2 GF/MH											
SEARHC	179.8 GF and 140.6 GF/MH											
Tanana Chiefs	278.6 GF and 202.4 GF/MH											
Tlingit Haida	5.9 GF and 6.0 GF/MH											
Yukon Kuskokwim	508.9 GF and 418.5 GF/MH											
Transfer Prevention and Intervention Grant Funds from ADA Grants to CAPI Grants												
	Trout	-2,105.7	0.0	0.0	-300.0	0.0	0.0	-1,805.7	0.0	0	0	0
1002 Fed Rcpts		-632.1										
1004 Gen Fund		-842.5										
1037 GF/MH		-631.1										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
This is the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization. This transfer moves the prevention and intervention grants from ADA Treatment Grants to Community Action Prevention & Intervention Grants along with the funding for the training and technical assistance contracts.												
Transfer Correctional ADA Grants to ADA Treatment Grants												
	Trin	563.6	0.0	0.0	0.0	0.0	0.0	563.6	0.0	0	0	0
1004 Gen Fund		281.8										
1037 GF/MH		281.8										
This is the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization. With this transfer, correctional grant funds are moved to align with the rest of the operating budget that oversees treatment programs. It is important that this transfer occur as it gives the staff who are empowered to commit the funds the responsibility and accountability to make sure that the funds are spent appropriately. It also more clearly differentiates the type of grant administered in each component.												
The division will continue to be use these funds to provide treatment services to individuals associated with the correctional system.												
Transfer Position for Suicide Prev Program to Rural Svs & Suicide Prevention component												
	Trout	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
Transfer PCN 06-?326 for Suicide Prevention coordinator to new Rural Services and Suicide Prevention component. This transfer falls within the division's reorganization plan.												
Transfer of one PCN and Salary from ADA Admin to ADA Treatment Grants												
	Trin	16.1	16.1	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
1004 Gen Fund		16.1										
Transfer PCN 06-0372 and partial salary in order to complete the reorganization transfer in the management plan.												
Women and Children Collaboration Project - Switch from MHTAAR to GF/MH												
	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		50.0										
1092 MHTAAR		-50.0										
FY 2002 is the final year of a three year demonstration project initially funded by the Mental Health Trust. The Trust recommends continuation of this project with GF/MH funding.												
This project allows women in small communities to participate in day treatment while being housed in local domestic violence shelters. Residential services and childcare from the shelter support treatment services and allow women to remain in their home communities while receiving substance abuse treatment. Collaboration between domestic violence shelters and treatment facilities is a primary aspect of this program. This funding is granted to the Bristol Bay Health Corporation in Dillingham to provide these services.												
Substance Abuse for Rural Women w/ Children - Switch from 100% MHTAAR to GF/MH												
	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		250.0										
1092 MHTAAR		-250.0										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

FY 2003 is the final year of a Mental Health Trust funded project for substance abuse treatment of rural women with children. For years 1 & 2 the Trust provided \$500.0 of MHTAAR funds. In the third year, the Trust funding is limited to \$250.0 MHTAAR with the proposal that \$250.0 be converted to GF/MH.

This program allows women to receive treatment without having to leave their children. This funding has provided for the expansion of the residential and outpatient treatment for women and children through DHSS referral. The desired result is to break the cycle of family dysfunction and abuse and decrease the risk of alcohol-affected births. Partnerships for this project involve the Divisions of Alcoholism and Drug Abuse, Family and Youth Services, Mental Health and Developmental Disabilities, Public Health and Public Assistance, as well as providers and regional or local social service agencies, city/village, or tribal councils.

If this fund change is not allowed, the capacity for this type of treatment will be reduced by 50% resulting in a loss of service to approximately 13 women. When women with children lose these services, the burden is then shifted to the Division of Family and Youth Services as children are neglected and abused in an active alcoholic household.

Maintain Anchorage Detox and DD Alcohol Treatment Services

	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		-1,078.5										
1037 GF/MH		1,078.5										

Enhanced detoxification and residential dual diagnosis treatment are two of the major services under the Community Health/API replacement project. A federal grant supported these services for a limited time during the downsizing of API. These federal funds will no longer be available in FY2003. This funding supports 100% of the emergency detoxification and dual diagnosis beds in Anchorage. This consists of 15 detox beds (5 enhanced and 10 standard) as well as 12 beds for residential dual diagnosis treatment services. These community services support the downsizing of API by providing a more appropriate care and treatment alternative for persons in crisis with the dual diagnosis of mental illness and substance abuse who do not require hospitalization. Providing detoxification and dual diagnosis treatment services for a more acute population in the least restrictive environment possible saves the state the cost of unnecessary and expensive hospitalizations and shortens hospital stays.

This change record is for the replacement of federal funds which will no longer be available in FY2003 with GF/MH. This fund source change is part of the state's commitment to providing community services as part of the API replacement/downsizing project. Without it, the effort that has gone into replacing/downsizing API will be nullified.

Child Health: Eliminate Substance Abuse Treatment Waitlist for Women w/Children

	Inc	1,241.0	0.0	0.0	0.0	0.0	0.0	1,241.0	0.0	0	0	0
1004 Gen Fund		1,241.0										

The state programs emphasize the importance of treatment for alcoholics to control their disease. It is important that individuals be able to access treatment when the individual recognizes that they need the services. If they are placed on waiting lists, the chances are great that they will fall off the list and show up later in the system for the same or worse reason. Women are especially reluctant to enter residential treatment if it means that they will lose their children while undergoing treatment.

Program	No. On Wait list	Beds/Capacity Need	Cost
Women w/children	61	17	\$1,241.0

The waiting list for is 61. Two programs that would serve seven to ten women each (plus 14 - 20 children) would be able to handle this increase. If women entered the program and spent 100 days, the program could treat about 62 women in a year. Since waiting lists are dynamic and there are more women

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

waiting for care than are on the lists, this capacity estimate is reasonable.

The operating funds are for a full year of operations in FY 03. This is based on combined operating costs of \$200 a day (women and children treatment care, on-site daycare, and other special costs). The actual computation is: 17 treatment beds times 365 days per year equals 6205 bed days, times \$200 per bed day equals \$1,241.0.

Funding this increment has an impact beyond the Division of Alcoholism and Drug Abuse. This increment allows a woman to enter residential treatment with her children which results in fewer children being placed in foster homes.

Alcohol Initiative: Minimum Funding for Small Community Outpatient Treatment Programs

	Inc	1,062.0	0.0	0.0	0.0	0.0	0.0	1,062.0	0.0	0	0	0
1004 Gen Fund		1,062.0										

If outpatient care is not available in a community, the client is forced to leave the community and enter residential care. Given high substance abuse problems in rural areas, base capacity needs to be developed in these communities. Because local treatment is cheaper and can be culture specific, the program can reach more people and be more successful than transporting them into a regional hub or major city for treatment. This request is for funding to bring all rural subregional hubs for substance abuse programs to a minimal level grant of \$150.0. .

Program Location	Current Funding	Additional Needed
Galena	\$ 0.0	\$150.0
McGrath	128.4	21.6
Craig	146.5	3.5
Valdez	10.0	140.0
Cordova	72.3	77.7
East Aleutian Tribes	72.5	77.5
Aleutian Pribilof Association	73.0	77.0
Copper Center	0.0	150.0
Wrangell	93.1	56.9
Petersburg	106.6	43.4
Nenana	77.3	72.7
Aniak	58.0	92.0
Ft. Yukon (CATG)	50.3	99.7
Total		1,062.0

This increment will give new money to two of the subregional hubs. Copper Center funding was deleted in prior year budget cuts. This community has a real need for alcohol treatment services which will be addressed by this increment.

Galena has not been a grantee in prior years. They have a high rate of suicides and alcoholism which needs to be addressed.

Therapeutic Court Treatment Annualization

	Inc	286.4	0.0	0.0	0.0	0.0	0.0	286.4	0.0	0	0	0
1004 Gen Fund		286.4										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

The passage of Chapter 64 resulted in the establishment of a Therapeutic Court program with Anchorage and Bethel being the pilot sites. It was estimated that the first year cost for this program would be \$501.3 with only partial funding for Bethel in the first year. It was calculated that the costs would rise to \$685.4 for each subsequent year once the courts are fully functioning. With the passage of Chapter 64, the Legislature partially funded the fiscal note for SFY 2002 for \$399.0. This increment would bring the program up to the full funding of \$685.4. The division is requesting full funding for the second year based on the assumption that the two courts will be fully functional in the second year.

Alcohol Initiative: Eliminate Adult Residential Alcohol Treatment Waitlist

	Inc	471.8	0.0	0.0	0.0	0.0	0.0	471.8	0.0	0	0	0
1004 Gen Fund		471.8										

The state programs emphasize the importance of treatment for alcoholics to control their disease. It is important that individuals be able to access treatment when the individual recognizes that they need the services. If they are placed on waiting lists, the chances are great that they will fall off the list and show up later in the system for the same or worse reason.

The waitlist has been created in part by the level funding to the grantees. As a result of inflation, the core capacity of the grantees to provide services has diminished. In FY 2001 and 2002, the grantees notified the State that they have had to lay off staff and reduce the number of beds. Should this increment not be funded, the waitlist will grow because people will not be able to get treatment.

Short Term Care: Currently the wait list for adult residential programs stands at 143. If we fully finance the needs for short-term residential treatment beds, we can assume that 40% would be appropriate for short term residential care (up to 45 days but averaging closer to 25) the bed need would be 4 additional beds (365/25=14 persons treated; 57persons on wait list/14=4 beds). Based on \$100 day for the 4 beds the cost would be (4*365=1460 bed days times \$100 = \$146.0).

Long Term Care: The total estimated need for long term residential alcohol treatment is estimated at 21 beds based on the current waitlist. Long term care average 270 days per patient. Because new capacity would first have to be developed to provide some of these beds, this increment addresses only half of the long term care needs. We are requesting partial funding of the long term care need at 10.5 beds. Based on a cost of \$85 dollars a day the cost would be \$325.8 (10.5*365=3832.5 bed days times \$85 per day = \$325.8).

The demands for treatment services are increasing. Under the Magnuson-Stevens Fishery Conservation and Management Act, the Department of Community and Business Development is working with 65 communities in western Alaska. At a recent Human Resources Conference, the human resource staff in the fish processing/harvesting industry expressed their difficulty in recruiting qualified applicants. One of the main barriers is having the applicant pass the drug and alcohol screening. DCBD is requesting assistance from the division to identify programs to assist the applicants that do not pass the initial screening. Without expanding the treatment services funding, this requirement from the fishing industry will put a burden on the already overtaxed grantees.

Alcohol Initiative: Statewide Dual Diagnosis Treatment

	Inc	1,442.6	0.0	0.0	0.0	0.0	0.0	1,442.6	0.0	0	0	0
1037 GF/MH		1,442.6										

Currently the Division's wait list for adult residential programs stands at 143. In addition the DOC states that up to 120 persons per year are discharged needing dual diagnosis residential care. This waitlist does not distinguish between levels of care needed. With this population there is need for short-term, long-term and dual diagnosis treatment. Based on review of reports from Anchorage-based programs (the only community with separate dual diagnosis programs), we estimate that the split would be 40% needing short-term care, 20% needing long-term care and 40% needing dual diagnosis treatment. The long- and short-term care needs are addressed in a separate increment.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alcohol and Drug Abuse Treatment Grants (1239)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
<p>Dual diagnosis refers to those individuals with both a substance abuse and a mental health diagnosis. If we assume 40% of the waitlist would need dual diagnosis treatment plus 18 additional beds, to account for DOC inmates being released who are not accounted for on the waitlist, that would result in 75 persons waiting for dual diagnosis treatment. Dual diagnosis treatment includes residential treatment (90 to 120 days but average about 60 days) as well as a continuum of outpatient care. The residential need would be 13 beds (365/60days = 6 persons treated per bed/year; 75/6=13 beds). For the 13 beds the cost would be about \$225 per day for residential care due to the increased costs for dual diagnosis treatment and \$5,000 per person for one year continuum of outpatient care (based on intensive model from therapeutic courts). This would total \$1,442.6 (13*365=4745 bed days; 4745*225=\$1,067.6 plus the outpatient of \$5,000*75=\$375.0 = \$1,442.6)</p> <p>This community service supports the downsizing of API by providing a more appropriate care and treatment alternative for persons in crisis with dual diagnosis. Should this increment not be approved, the number of admissions to API could increase.</p>												
Alcohol Initiative: Transitional Housing for Substance Abusers Operating Funds												
	Inc	550.0	0.0	0.0	0.0	0.0	0.0	550.0	0.0	0	0	0
1037 GF/MH		250.0										
1092 MHTAAR		300.0										
<p>Individuals returning to smaller communities from out-of-town treatment programs are at risk of losing their sobriety without adequate community-based supports. Transitional housing will provide safe and sober housing following treatment completion. The Division will collaborate with community agencies to combine appropriate housing resources. Collaborative efforts and length of stay will determine the number of individuals that may be served through this program. Transitional housing will permit individuals to reunite with their families more quickly and to practice their new recovery skills in their old, familiar environment before returning home. Individuals and families will be eligible to stay in the housing units for up to 24 months.</p> <p>In FY2001 the Legislature appropriated \$282.0 in capital funds and in FY2002 \$200.0 for start up operating funds. This increment will fund the operational portion of this program for a full year.</p>												
Substance Abuse for Rural Women with Children												
	OTI	-136.4	0.0	0.0	0.0	0.0	0.0	-136.4	0.0	0	0	0
1092 MHTAAR		-136.4										
Department clean-up, delete FY2001 Reappropriation.												
Family Wellness Camp Development												
	OTI	-23.2	0.0	0.0	0.0	0.0	0.0	-23.2	0.0	0	0	0
1092 MHTAAR		-23.2										
Department clean-up, delete FY2001 Reappropriation.												
<hr/>												
	Totals	66,815.0	542.5	57.1	130.0	17.5	2.0	66,065.9	0.0	8	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Action Prevention & Intervention Grants (2596)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Transfer of Peer Helper Funding from Rural Services Grants to CAPI Grants												
1037 GF/MH	Trin	255.1	0.0	0.0	0.0	0.0	0.0	255.1	0.0	0	0	0
This is the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization. In this phase the grant funds are being moved to align with the rest of the operating budget that oversees those programs. It is important that this reorganization occur as it gives the staff who are empowered to commit the funds the responsibility and accountability to make sure that the funds are spent appropriately. It also more clearly differentiates the type of grant administered in each component.												
This transfer moves the Peer Helper Funding (an early intervention program) from Rural Services Grants to Community Action Prevention and Intervention Grants.												
Transfer Federal P&I Grant Funds from Community Grants to CAPI Grants												
1002 Fed Rcpts	Trin	2,288.8	0.0	0.0	0.0	0.0	0.0	2,288.8	0.0	0	0	0
This is the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization. In this phase the grant funds are being moved to align with the rest of the operating budget that oversees those programs. It is important that this reorganization occur as it gives the staff who are empowered to commit the funds the responsibility and accountability to make sure that the funds are spent appropriately. It also more clearly differentiates the type of grant administered in each component.												
This transfer moves the federal State Incentive Grant (SIG) funds from Community Grants-Prevention to Community Action Prevention and Intervention Grants.												
Transfer Prevention and Intervention Grant Funds from ADA Treatment Grants to CAPI Grants												
1002 Fed Rcpts	Trin	2,105.7	0.0	0.0	300.0	0.0	0.0	1,805.7	0.0	0	0	0
1004 Gen Fund		632.1										
1037 GF/MH		842.5										
		631.1										
This is the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization. In this phase the grant funds are being moved to align with the rest of the operating budget that oversees those programs. It is important that this reorganization occur as it gives the staff who are empowered to commit the funds the responsibility and accountability to make sure that the funds are spent appropriately. It also more clearly differentiates the type of grant administered in each component.												
This transfer moves the prevention and intervention grants from ADA Treatment Grants to CAPI Grants along with the funding for the training and technical assistance contracts.												
Transfer CAASA Grants into CAPI Grants for Consolidation of Prevention Programs												
1002 Fed Rcpts	Trin	1,246.4	304.1	80.0	685.0	0.0	0.0	177.3	0.0	4	0	0
1004 Gen Fund		855.6										
1007 I/A Rcpts		177.3										
1037 GF/MH		67.2										
		146.3										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Action Prevention & Intervention Grants (2596)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

During the first phase of the division's reorganization, personal services and related funds were transferred into the CAASA grant component. During the FY2003 budget preparation process, it was decided to create a new component (Community Action Prevention and Intervention) for all prevention activities. This transfer will complete the reorganization.

Child Health: Inhalant Abuse Prevention

	Inc	470.0	0.0	0.0	110.0	0.0	0.0	360.0	0.0	0	0	0
1004 Gen Fund		470.0										

The Alaska Bureau of Vital Statistics can identify one death per year for the period 1995 through 1998 and 2 deaths per year for 1999 and 2000 that could be attributed to inhalant abuse. There may be more as the person who certifies the Death Certificate may identify some other cause that is not ordinarily associated with inhalant abuse, and some deaths involving inhalants may be listed as auto accidents or suicides.

Inhalants are breathable chemicals that produce mind-altering vapors. People do not normally think of inhalants as drugs because most of the products were never meant to be used that way. Some of the products used are: spray paints, gasoline, oil and grease solvents, paint thinners, whipping cream, typing correction fluid, room fresheners, glue, hair spray, white board markers, and fabric protectors. There are more than 1,400 products that are sold as part of everyone's normal life that are used by inhalant abusers. Many of these products are free or relatively inexpensive which makes them attractive to the younger set. The youth do not have to go through a "dealer" in order to obtain these products. They are readily available at home, school, convenience and grocery stores, and hardware and auto supply stores.

Some long-term effects of inhalant abuse are:

- Hand tremors
- Fatigue, muscle fatigue
- Cardiac arrest
- Permanent damage to the nervous system
- Brain, liver, kidney, blood and bone marrow damage
- Impaired respiratory system
- Impaired coordination and intelligence
- Death

Inhalant abuse has joined alcohol and marijuana as one of the top three drugs of choice among children of grade-school age. One in five students in America has used an inhalant to get high by the time he reaches the eighth grade. Nationally, 29% of those who use inhalants said they started before their 10th birthday. It is believed that Alaska exceeds the national rates. Communities don't know that inhalants, cheap, legal and accessible products, are popular among primary and middle school students. Even fewer know the deadly effects the poisons in these products have on the brain and body when they are inhaled or "huffed", "sniffed" or "wanged". It's like playing Russian roulette. The user can die the 1st, 10th or 100th time a product is misused as an inhalant. It is also unknown how many people have ended up with severe, permanent disabilities. Bright, articulate individuals end up in group homes having to re-learn how to take care of themselves after going into an inhalant-induced coma.

The Division of Alcoholism and Drug Abuse proposes an initiative supporting action at the community level to prevent inhalant use and intervene effectively when it occurs. Under this initiative communities would receive grants to implement community-specific prevention and intervention strategies that adapt "best practices" approaches, those which have proven effectiveness, to individual community circumstances.

The project will focus on nine to twelve communities each year, selecting those with the greatest need and readiness for effective action for training and

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Action Prevention & Intervention Grants (2596)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
support. During the first year of project implementation, the division will develop "tool boxes" containing information and guidance needed to assist communities in implementing particular strategies. Selected communities will receive training, direct financial support, and ongoing technical assistance to support implementation of strategies the community identifies as most promising for the circumstances and needs of the community.												
The overall program focus will be on strengthening protective factors at the community level that reduce the risk of inhalant use among children and youth (as well as use of alcohol and other drugs) and reducing factors or conditions in the community that increase risk of inhalant use. The focus on specific risk and protective factors will vary with the circumstances in each community. Training will focus on identifying the "best practice" strategies most promising for each community's circumstances and needs. Technical assistance will be provided to adapt the selected strategies to the community and to implement them effectively.												
A minimum of \$470,000 is needed for the implementation of this project.												
Budget	Year 1	Succeeding Years										
Contractor												
Community Training and development of Educational Tool Box	\$100,000	\$60,000										
Community Grants for implementation	\$370,000	\$410,000										
Total Project	\$470,000	\$470,000										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Rural Services and Suicide Prevention (2597)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
Transfer Rural Services and Suicide Prevention Programs from RSG to RSSP												
1037 GF/MH	Trin	2,565.9	0.0	0.0	105.0	0.0	0.0	2,460.9	0.0	0	0	0
In the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization, the contractual and grant funds which support the Rural Human Services and Suicide Prevention programs are being transferred to the Rural Services and Suicide Prevention component.												
Transfer Suicide Prevention Program Funds from Commissioner's Office to RSSP												
1004 Gen Fund	Trin	325.0	64.1	10.0	65.9	0.0	0.0	185.0	0.0	0	0	0
These funds were appropriated to the Commissioner's Office in the 2001 legislative session. For FY2002, the funds are being RSA'ed to the Division of Alcoholism and Drug Abuse (ADA) to develop a suicide prevention program, provide grants to communities, and provide program oversight. As the responsibilities of the program will continue in ADA, it is appropriate to transfer these funds to Rural Services and Suicide Prevention Component.												
Transfer the Suicide Prevention Program PCN from the ADA Treatment Grants.												
Transfer PCN 06-7326 from the ADA Treatment Grants component into the new RSSP component to provide oversight of the Suicide Prevention Program.	Trin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
Alcohol Initiative: Rural Human Services Expansion - Substance Abuse Counselors												
1037 GF/MH	Inc	867.7	0.0	0.0	0.0	0.0	0.0	867.7	0.0	0	0	0
Rural Human Service workers provide assessment and referral services at the local level for individuals needing care provided through hub communities. In addition, they provide continued support and aftercare to individuals who return to their community.												
Fourteen sub-regional or regional organizations currently participate in the Rural Human Services program through grants from the Division of Alcohol and Drug Abuse. Several regions of the state still lack services and not all regions with Rural Service grants are able to serve all the communities within their region. This additional funding will provide salaries, training and supervision, clinical space, supplies and support for 18 additional workers.												
The increment of \$867.7 will be used to fund approximately 18 additional FTE counselors in the villages.												
Specific training includes community development, family systems, addictions, case management, cross-cultural skills, and counseling in mental health, substance abuse, interpersonal violence, grief, and healing. The program has proven to be successful because it provides the opportunity for local residents to combine their cultural knowledge with alcohol and mental health counseling and intervention skills.												
In FY2001 there were 100 human service workers in 77 communities. To date with the additional appropriation of \$225.0 in FY2002, the division has been able to fund the upgrade of a .5 FTE in the Bristol Bay Health Corporation and a .43 FTE in the Railbelt Mental Health & Addictions program to full time positions, as well as add 1 FTE in the SeaView Community Services. This accounts for \$102.0. The remaining \$123.0 will be granted as the proposals are received from the existing grantees.												
Child Health: Suicide Prevention Grants												
1004 Gen Fund	Inc	500.0	0.0	0.0	0.0	0.0	0.0	500.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Rural Services and Suicide Prevention (2597)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Alaska leads the nation in suicides. The suicide rate for Alaskans of all ages is 23.7 per 100,000 population, about twice the U.S. rate of 10.3.												
Even more alarming is the suicide rate of male Alaska Native teens, which for the period 1997-1999 was 197.5 per 100,000. That was 5.4 times that of the group with the highest suicide rate reported nationally in 1999 (male American Indian teens). The suicide rate of male Alaska Native teens rose by 38.8% from 1993-1995 to 1997-1999.												
The overall teen suicide rate declined in Alaska by over 23%, from a three-year average of 43.1 per 100,000 in 1993-1995 to 33.0 per 100,000 in 1997-1999. Nevertheless, overall teen suicide continues to be a major concern in Alaska, being nearly four times the U.S. rate of 9.5 per 100,000												
The division will work with the Alaska Suicide Prevention Council, which was created by the Legislature in FY01-02, to determine the best way to implement expanded suicide prevention programs. It is anticipated that this increment will allow the division to move from a rural focus to a statewide focus adding additional programs in the urban areas as well. It could also allow grants to local providers to fund the addition of 25 to 35 counselors for this expansion and make available more training for the grantees in intervention, identification and referral.												
	Totals	4,258.6	64.1	10.0	170.9	0.0	0.0	4,013.6	0.0	1	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Grants - Prevention (2340)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1002 Fed Rcpts	ConfCom	8,250.2	0.0	0.0	2,427.0	0.0	0.0	5,823.2	0.0	0	0	0
		8,250.2										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1002 Fed Rcpts	FnI Auth	4,856.0	0.0	0.0	317.3	0.0	0.0	4,538.7	0.0	0	0	0
		4,856.0										
Subtotal		13,106.2	0.0	0.0	2,744.3	0.0	0.0	10,361.9	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1002 Fed Rcpts	ConfCom	8,250.2	0.0	0.0	2,427.0	0.0	0.0	5,823.2	0.0	0	0	0
		8,250.2										
Imported from Legislative Finance.												
Transfer Community Grants Admin Function from ADA Admin ADN 0620002												
1002 Fed Rcpts	Trin	460.7	300.7	95.0	30.0	30.0	5.0	0.0	0.0	5	0	0
		460.7										
The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will resolve this issue of accountability. This is the first phase of accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.												
This change record will transfer the positions (PCNs 06-0504, 270, 0516, 0518 and 2271) and funding associated with the FAS grants administration to the Community Grants component where the FAS grants will be administered.												
Subtotal		21,817.1	300.7	95.0	5,201.3	30.0	5.0	16,185.1	0.0	5	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
1002 Fed Rcpts	SalAdj	10.3	10.3	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
		10.3										
Transfer FAS Program from Community Grants-Prevention to AK FAS Program												
1002 Fed Rcpts	Trout	-6,432.4	-311.0	-95.0	-2,457.0	-30.0	-5.0	-3,534.4	0.0	-5	0	0
		-6,432.4										

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Grants - Prevention (2340)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
In Phase 2 of the Division of Alcoholism and Drug Abuse reorganization, the FAS program is being transferred from the Community Grants-Prevention component to the new AK FAS Program Component.												
Transfer Federal P&I Grant Funds from Community Grants to CAPI Grants												
	Trout	-2,288.8	0.0	0.0	0.0	0.0	0.0	-2,288.8	0.0	0	0	0
1002 Fed Rcpts		-2,288.8										
This is the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization. In this phase the grant funds are being moved to align with the rest of the operating budget that oversees those programs. It is important that this reorganization occur as it gives the staff who are empowered to commit the funds the responsibility and accountability to make sure that the funds are spent appropriately. It also more clearly differentiates the type of grant administered in each component.												
This transfer moves the federal State Incentive Grant (SIG) funds from Community Grants-Prevention to the new Community Action Prevention and Intervention Grants component.												
	Totals	13,106.2	0.0	0.0	2,744.3	0.0	0.0	10,361.9	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Action Against Substance Abuse Grants (1413)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1004 Gen Fund	ConfCom	177.3	0.0	0.0	0.0	0.0	0.0	177.3	0.0	0	0	0
		177.3										
Imported from Legislative Finance.												
FY 01 Final Authorized												
1004 Gen Fund	FnI Auth	177.3	0.0	0.0	0.0	0.0	0.0	177.3	0.0	0	0	0
		177.3										
Subtotal		354.6	0.0	0.0	0.0	0.0	0.0	354.6	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1004 Gen Fund	ConfCom	177.3	0.0	0.0	0.0	0.0	0.0	177.3	0.0	0	0	0
		177.3										
Imported from Legislative Finance.												
Underage Drinking Offenses CH 65 SLA 2001 (HB 179) ADN 0620008												
1004 Gen Fund	FisNot	304.9	0.0	0.0	0.0	0.0	0.0	304.9	0.0	0	0	0
		304.9										
HB 179 establishes a misdemeanor crime of "habitual minor consuming". The Community Action Against Substance Abuse (CAASA) program allows for youth assessment and referral programs that provide substance abuse screening services and monitoring compliance of minors required to participate in alcohol or drug education or treatment. These funds will support the increased needs for these services due to the expected increase of youth convictions under the new statute.												
Transfer Underage Assessment Funds to ASAP component ADN 0620002												
1004 Gen Fund	Trout	-304.9	0.0	0.0	0.0	0.0	0.0	-304.9	0.0	0	0	0
		-304.9										
The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will resolve this issue of accountability. This is the first phase of accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.												
The Juvenile Assessment Program will be conducted by existing Alcohol Safety Action Program (ASAP) grantees. This transfer will move the funding for this program into the ASAP component where it will be administered by the ASAP coordinator.												
Transfer Prevention Grant Administration from Administration Component ADN 0620002												
	Trin	1,059.6	294.6	80.0	685.0	0.0	0.0	0.0	0.0	4	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Action Against Substance Abuse Grants (1413)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1002 Fed Rcpts		851.6										
1007 I/A Rcpts		65.0										
1037 GF/MH		143.0										

The Division of Alcohol & Drug Abuse is undergoing a restructuring of the Alcohol and Drug Abuse BRU. The managers have the authority to commit and expend divisional funds, but have not had the responsibility that should accompany this authority. The shifting of funds between the components will resolve this issue of accountability. This is the first phase of accomplishing this objective. The second phase will involve changing the budget structure and component names as well as realigning the grant funding to segregate the type of grants that will be issued in each component.

\$685.0 is being transferred into the CAASA grants from Administration to cover the environmental media campaign that the federal State Incentive Grant (SIG) is funding. The money is following the SIG administrative shift in this transfer (PCNs 06-312, 0506, 0486 and 0483).

This change record will transfer the staff and associated funds with the prevention grants administration to the CAASA Grants component where the prevention grants will be administered.

Subtotal		1,591.5	294.6	80.0	685.0	0.0	0.0	531.9	0.0	4	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
SalAdj		9.5	9.5	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		4.0										
1007 I/A Rcpts		2.2										
1037 GF/MH		3.3										
Transfer Prevention Programs to CAPI Grants												
Trout		-1,246.4	-304.1	-80.0	-685.0	0.0	0.0	-177.3	0.0	-4	0	0
1002 Fed Rcpts		-855.6										
1004 Gen Fund		-177.3										
1007 I/A Rcpts		-67.2										
1037 GF/MH		-146.3										
As part of the BRU reorganization, transfer CAASA Prevention grants to the new CAPI Grants component.												
Totals		354.6	0.0	0.0	0.0	0.0	0.0	354.6	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Correctional ADA Grant Services (2014)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	563.6	0.0	0.0	0.0	0.0	0.0	563.6	0.0	0	0	0
1004 Gen Fund		281.8										
1037 GF/MH		281.8										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	563.6	0.0	0.0	0.0	0.0	0.0	563.6	0.0	0	0	0
1004 Gen Fund		281.8										
1037 GF/MH		281.8										
Subtotal												
		1,127.2	0.0	0.0	0.0	0.0	0.0	1,127.2	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	563.6	0.0	0.0	0.0	0.0	0.0	563.6	0.0	0	0	0
1004 Gen Fund		281.8										
1037 GF/MH		281.8										
Imported from Legislative Finance.												
Subtotal												
		1,690.8	0.0	0.0	0.0	0.0	0.0	1,690.8	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Transfer Correctional ADA Grants to ADA Treatment Grants												
	Trout	-563.6	0.0	0.0	0.0	0.0	0.0	-563.6	0.0	0	0	0
1004 Gen Fund		-281.8										
1037 GF/MH		-281.8										
This is the 2nd phase of the Division of Alcoholism and Drug Abuse reorganization. In this phase the grant funds are being moved to align with the rest of the operating budget that oversees those programs. The Correctional ADA Grant Services Component is being deleted.												
Totals												
		1,127.2	0.0	0.0	0.0	0.0	0.0	1,127.2	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Rural Services Grants (2120)

RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
1037 GF/MH	ConfCom	2,821.0	0.0	0.0	0.0	0.0	0.0	2,821.0	0.0	0	0	0
		2,821.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
1037 GF/MH	Finl Auth	2,546.0	0.0	0.0	39.0	0.0	0.0	2,507.0	0.0	0	0	0
		2,546.0										
Subtotal		5,367.0	0.0	0.0	39.0	0.0	0.0	5,328.0	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1037 GF/MH	ConfCom	2,821.0	0.0	0.0	0.0	0.0	0.0	2,821.0	0.0	0	0	0
		2,821.0										
Imported from Legislative Finance.												
Transfer training funds to contractual ADN 0620002												
	LIT	0.0	0.0	0.0	105.0	0.0	0.0	-105.0	0.0	0	0	0
These funds are used for an RSA with the University of Alaska Fairbanks to provide training to Rural Services grantees. This RSA agreement is more appropriately budgeted in the contractual line.												
Subtotal		8,188.0	0.0	0.0	144.0	0.0	0.0	8,044.0	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Transfer Rural Services and Suicide Prevention Programs from RSG to RSSP												
1037 GF/MH	Trout	-2,565.9	0.0	0.0	-105.0	0.0	0.0	-2,460.9	0.0	0	0	0
		-2,565.9										
In Phase 2 of the Division of Alcoholism and Drug Abuse reorganization, the Rural Human Services and Suicide Prevention Programs are being transferred from Rural Services Grants to the new Rural Services and Suicide Prevention component.												
Transfer of Peer Helper from Rural Services Grants to CAPI Grants												
1037 GF/MH	Trout	-255.1	0.0	0.0	0.0	0.0	0.0	-255.1	0.0	0	0	0
		-255.1										
Studies have shown that the Peer Helper program is not a cost effective means of prevention. The Peer Helper program has been incorporated into the prevention grants targeted towards children. With the reorganization of the division this funding is being moved into the CAPI Grants component which contains the prevention program.												

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Rural Services Grants (2120)
RDU: Alcohol and Drug Abuse Services (99)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	Totals	5,367.0	0.0	0.0	39.0	0.0	0.0	5,328.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: General Community Mental Health Grants (307)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	3,659.8	0.0	0.0	155.7	0.0	0.0	3,504.1	0.0	0	0	0
1002 Fed Rcpts		64.0										
1037 GF/MH		3,045.8										
1092 MHTAAR		550.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	1,458.2	0.0	8.1	236.7	0.5	13.8	1,199.1	0.0	0	0	0
1037 GF/MH		944.0										
1092 MHTAAR		514.2										
Subtotal 5,118.0 0.0 8.1 392.4 0.5 13.8 4,703.2 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	3,659.8	0.0	0.0	155.7	0.0	0.0	3,504.1	0.0	0	0	0
1002 Fed Rcpts		64.0										
1037 GF/MH		3,045.8										
1092 MHTAAR		550.0										
Imported from Legislative Finance.												
Subtotal 8,777.8 0.0 8.1 548.1 0.5 13.8 8,207.3 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablishment of Designated BRU's												
	Trout	-2,272.0	0.0	0.0	0.0	0.0	0.0	-2,272.0	0.0	0	0	0
1037 GF/MH		-2,272.0										
In FY02, the designated funding for Regional Health Corporation Budget Request Units was transferred into the department's division components. The infrastructure and financial support for services do not exist outside the Native Health Corporations in most of the remote locations.												
The Department is requesting that the funds be transferred out of the division's components and back into designated BRU's.												
Maniilaq	350.0											
Norton Sound	354.6											
SEARHC	125.2											
Tanana Chiefs	534.8											
Yukon Kuskokwim	907.4											

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: General Community Mental Health Grants (307)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Rural Services for the Deaf/Hearing Impaired												
1092 MHTAAR	Dec	-35.0	0.0	0.0	0.0	0.0	0.0	-35.0	0.0	0	0	0
This project funds mental health and substance abuse professionals trained to provide services to individuals who are deaf or who have hearing impairments. These professionals provide itinerant mental health services in rural areas and consultation services to rural mental health and substance abuse treatment providers statewide.												
Project funding for FY03 is \$65.0 as compared to \$100.0 in FY02.												
Totals		6,470.8	0.0	8.1	548.1	0.5	13.8	5,900.3	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Psychiatric Emergency Services (1435)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	8,330.1	0.0	0.0	0.0	0.0	0.0	8,330.1	0.0	0	0	0
1002 Fed Rcpts		1,554.5										
1037 GF/MH		6,525.6										
1092 MHTAAR		250.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	7,702.9	0.0	0.0	3.4	0.0	0.0	7,699.5	0.0	0	0	0
1002 Fed Rcpts		1,554.5										
1007 I/A Rcpts		550.3										
1037 GF/MH		5,398.1										
1092 MHTAAR		200.0										
Subtotal		16,033.0	0.0	0.0	3.4	0.0	0.0	16,029.6	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	8,330.1	0.0	0.0	0.0	0.0	0.0	8,330.1	0.0	0	0	0
1002 Fed Rcpts		1,554.5										
1037 GF/MH		6,525.6										
1092 MHTAAR		250.0										
Imported from Legislative Finance.												
Suicide Prevention and Mental Health Conference,Sec71,CH61,SLA2001,P111,L4,(SB29),ADN#0620021												
	ReAprop	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		50.0										
To record reappropriation to DHSS, Psychiatric Emergency Services, for the fiscal year ending June 30, 2002, for expenses related to a suicide prevention and mental health conference.												
Transfer in Federal Authorization from Chronically Mentally Ill component ADN 0620002												
	Trin	288.5	0.0	0.0	0.0	0.0	0.0	288.5	0.0	0	0	0
1002 Fed Rcpts		288.5										

The Division of Mental Health and Developmental Disabilities, Community Mental Health Grants BRU, Psychiatric Emergency Services (PES) component requests transfer of federal receipt authorization from the Chronically Mentally Ill component.

Within the PES component, the additional federal authority will fund both brief follow-up therapy for mental health consumers who had been provided recent crisis intervention and treatment (\$218.9, South Central Counseling), and emergency outreach to the four small Southeast Alaska communities of Pelican,

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Psychiatric Emergency Services (1435)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Elfin Cove, Tenakee, and Gustavus (\$59.6 Juneau Alliance for Mental Health, Inc. and \$10.0 Southeast Alaska Regional Health Corporation).												
The federal authority is available in the CMI component because during the fall 2000 FY02 budget development, initial estimated allocations for the annual SAMHSA Community Mental Health Services Block Grant included only the CMI and SED Youth components of this BRU, due to a misunderstanding. A spread which includes the PES component is more reflective of the BRU's needs for FY02 and beyond.												
	Subtotal	24,701.6	0.0	0.0	53.4	0.0	0.0	24,648.2	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Develop Web-based ARORA Front End												
	Trout	-500.0	0.0	0.0	0.0	0.0	0.0	-500.0	0.0	0	0	0
1002 Fed Rcpts		-500.0										
Funds are being transferred out of the component to support development of a front-end application for the collaborative integrated Mental Health/Alcohol & Drug Abuse information systems project. This federal authorization is available for transfer from the Psychiatric Emergency Services component because the \$541.0 budgeted for the Single Point of Entry function is no longer required since the Division negotiated Disproportionate Share refinancing of the service through the Division of Medical Assistance.												
Delete Rural Suicide Conference												
	OTI	-50.0	0.0	0.0	0.0	0.0	0.0	-50.0	0.0	0	0	0
1092 MHTAAR		-50.0										
These funds were a one-time reappropriation of MHTAAR to support a rural mental health conference during FY02.												
Community Mental Health/API Replacement - Enhanced Crisis Respite												
	Inc	495.6	0.0	0.0	0.0	0.0	0.0	495.6	0.0	0	0	0
1037 GF/MH		495.6										
Enhanced Crisis Respite Care is offered to adults experiencing acute psychiatric crisis, who may be psychotic or have a potential for violence, but whose symptomology is not severe enough to warrant either placement in a secured facility or hospitalization. This program is frequently used as a transitional or lower intensity, less restrictive service for consumers as they leave API.												
The expected length of stay of a crisis respite patient is 4 to 6 days with an extension of up to 7 days depending upon the patient's condition. Crisis respite care saves the state the cost of unnecessary and expensive hospitalizations and shortens hospital stays.												
	Totals	24,647.2	0.0	0.0	53.4	0.0	0.0	24,593.8	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	15,762.5	0.0	0.0	135.9	0.0	0.0	15,626.6	0.0	0	0	0
1002 Fed Rcpts		1,972.8										
1007 I/A Rcpts		426.3										
1037 GF/MH		12,324.9										
1092 MHTAAR		1,038.5										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fn1 Auth	12,808.2	0.0	0.0	135.9	0.0	0.0	12,672.3	0.0	0	0	0
1002 Fed Rcpts		570.0										
1004 Gen Fund		202.0										
1007 I/A Rcpts		426.3										
1037 GF/MH		10,948.9										
1092 MHTAAR		661.0										
Subtotal 28,570.7 0.0 0.0 271.8 0.0 0.0 28,298.9 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	15,762.5	0.0	0.0	135.9	0.0	0.0	15,626.6	0.0	0	0	0
1002 Fed Rcpts		1,972.8										
1007 I/A Rcpts		426.3										
1037 GF/MH		12,324.9										
1092 MHTAAR		1,038.5										
Imported from Legislative Finance.												
Transfer federal authorization to Psych Emergency Svcs component ADN 0620002												
	Trout	-288.5	0.0	0.0	0.0	0.0	0.0	-288.5	0.0	0	0	0
1002 Fed Rcpts		-288.5										
The Division of Mental Health and Developmental Disabilities, Community Mental Health Grants BRU, Svcs/Chronically Mentally Ill (CMI) component requests transfer of federal receipt authorization to the Psych Emergency Services (PES) component.												
The federal authority is available in the CMI component because during the fall 2000 FY02 budget development, initial estimated allocations for the annual SAMHSA Community Mental Health Services Block Grant included only the CMI and SED Youth components of this BRU, due to a misunderstanding. A spread which includes the PES component is more reflective of the BRU's needs for FY02 and beyond.												
Subtotal 44,044.7 0.0 0.0 407.7 0.0 0.0 43,637.0 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Delete Urban Transitional Housing Project												
	Dec	-50.0	0.0	0.0	0.0	0.0	0.0	-50.0	0.0	0	0	0
1092 MHTAAR		-50.0										
These funds were a one-time appropriation of MHTAAR to support start-up costs for transitional housing for urban nonprofit agency clients, on the premise that the project will become self-supporting through room revenues and other operating income after the first year of business.												
Assisted Living Rate Increase												
	Inc	493.8	0.0	0.0	0.0	0.0	0.0	493.8	0.0	0	0	0
1037 GF/MH		952.8										
1092 MHTAAR		-459.0										
This increment represents the final year of a three-year phased increase to the daily reimbursement rate for assisted living home care, from \$60 per day to \$70, per SB 73 in FY2001. The increment factors in a geographical cost differential based on estimated numbers of consumers served within each region of the state. This funding provides services for approximately 11 adults with developmental disabilities and 120 adults with chronic mental illness on General Relief through the assisted living homes currently monitored and licensed through DMHDD.												
Despite the FY01 and FY02 rate increases already implemented, the reimbursement rate continues to be less than that offered through individualized services funded by a combination of developmental disability waivers, consumer entitlements, or private pay. The cost of care itself continues to escalate through inflation and the rising federal minimum wage, and as the population served becomes more significantly impaired and progressively more difficult to manage.												
Operators of these homes are concerned about the inadequacy of the reimbursement. These assisted living homes are a vital part of the array of community services and offer a viable alternative to hospitalization at Alaska Psychiatric Institute (API), nursing home placements, and homelessness. The Governor's Council would prefer that people with developmental disabilities have access to a full array of services available through DD grants and/or waivers.												
The calculations for the FY01 ALH Rate Increase fiscal note accompanying SB 73 were based on the current requirement that assisted living homes with three or more residents must be licensed. This increment request does not address a potential increase in number of homes seeking reimbursement for services which might result from the proposed new statute requiring all homes be licensed, regardless of number of residents. However, that impact is expected to be minimal because reimbursement is based on several factors, including the requirement that the resident be severely mentally ill, and the majority of the 1-2 resident homes serve developmentally disabled consumers rather than severely mentally ill consumers.												
This increment also reflects a fund source change of \$459.0 from MHTAAR to GF/MH. FY02 is the final year of Alaska Mental Health Trust Authority financial support for the reimbursement rate increases.												
Integrated Supports for People with Co-Occurring Disorders												
	Inc	38.5	0.0	0.0	0.0	0.0	0.0	38.5	0.0	0	0	0
1092 MHTAAR		38.5										

This continues a 3-year pilot project using the structured production model of housing and supports for people with multiple disorders, including mental illness, brain injury, and substance abuse. The project will focus on the most disabled frequent users of correctional and psychiatric institutions. Trust

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Services to the Seriously Mentally Ill (800)

RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
funding will bridge start-up costs for 10 units of housing with highly structured supports for people who have multiple and complex diagnoses. These funds will cover service and maintenance personnel hiring, rent, food, and initial services for a few months until benefits begin. Funding agencies (DADA, DMHDD, DMA, and AHFC) will enter an agreement to finance the building, operating housing costs and necessary support services for this population. Medicaid reimbursements and other existing funds will supplant Trust funding after the first 6 months of operation.												
In 1997, the Trust determined that about 1,700 beneficiaries were housed in the Department of Corrections. Many have complex mental health conditions or multiple disorders, and are frequent users of the criminal justice system and API because they have inadequate community-based supports. The Jail Alternatives Services (JAS) project and the Institutional Discharge Program Plus (IDP+) face serious impediments to re-integrating released offenders with mental and substance abuse disorders into the community. The lack of supervised housing options for these people is a major barrier, which can lead to quick deterioration and the behaviors and habits that resulted in incarceration. These people can succeed if placed in an environment with 24-hour supervision and services for both mental/emotional and substance abuse disorders. Such an environment does not exist at present. The long-term success of both JAS and IDP+ depend in large part on such services.												
A task force consisting of DOC, AMHB, ABADA, DMHDD, and court staff developed this project, for which capital funding will be available from AHFC.												
The FY03 funding level is \$405.0 as compared to \$367.0 in FY02.												
\$0.5 of this increment is to fund a small increase in the LINK Project, a computerized case management system that facilitates the movement of homeless people and domestic violence victims from shelters into permanent housing.												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Designated Evaluation and Treatment (1014)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	2,794.9	0.0	0.0	0.0	0.0	0.0	2,794.9	0.0	0	0	0
1002 Fed Rcpts		724.9										
1007 I/A Rcpts		723.7										
1037 GF/MH		1,146.3										
1092 MHTAAR		200.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	FnI Auth	3,124.6	0.0	0.0	0.0	0.0	0.0	3,124.6	0.0	0	0	0
1002 Fed Rcpts		1,104.2										
1037 GF/MH		2,020.4										

Subtotal		5,919.5	0.0	0.0	0.0	0.0	0.0	5,919.5	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	2,794.9	0.0	0.0	0.0	0.0	0.0	2,794.9	0.0	0	0	0
1002 Fed Rcpts		724.9										
1007 I/A Rcpts		723.7										
1037 GF/MH		1,146.3										
1092 MHTAAR		200.0										
Imported from Legislative Finance.												

Subtotal		8,714.4	0.0	0.0	0.0	0.0	0.0	8,714.4	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Remove excess DSH I/A												
	Dec	-723.7	0.0	0.0	0.0	0.0	0.0	-723.7	0.0	0	0	0
1007 I/A Rcpts		-723.7										

Early last fall, the Division began negotiating with the Division of Medical Assistance (DMA) for their Disproportionate Share (DSH) program support of Designated Evaluation and Treatment (DET) services for those hospitals providing the service which were still eligible to receive additional DSH funding. Each facility is assessed a maximum DSH cap, and many fully collect DSH up to that limit through the ProShare program alone. In those cases the hospitals are not also eligible for a DSH DET payment.

At the time the FY02 Governor's Request was drafted, the particulars of DET DSH payment had not been fully determined. The Division anticipated receiving the federal DSH funding via a Reimbursable Services Agreement from DMA, and then awarding funds to eligible hospitals. Instead we implemented the reverse system under which the Division RSAs matching general funds to DMA, which then makes the DSH DET payments. Since we do not receive

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Designated Evaluation and Treatment (1014)

RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
revenue from DMA, we do not require the receipt authorization and are removing it from the budget.												
Community Mental Health/API Replacement - DET Statewide Services												
1092 MHTAAR	Dec	-200.0	0.0	0.0	0.0	0.0	0.0	-200.0	0.0	0	0	0
Legislation passed in 1999 improves the availability and reliability of funding for Designated Evaluation and Treatment (DET) services statewide. The bill paved the way for developing mental health evaluation and treatment capacity in Alaska's hospitals and, thereby, allowing communities to shift away from reliance on API to greater use of community hospitals for these services, as has already occurred in Fairbanks and Juneau. As DET services expanded over the last several years, the Alaska Mental Health Trust Authority gave the program temporary support, which ends in FY02.												
Totals		7,790.7	0.0	0.0	0.0	0.0	0.0	7,790.7	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Services for Severely Emotionally Disturbed Youth (1436)
RDU: Community Mental Health Grants (101)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	7,414.1	0.0	0.0	62.0	0.0	0.0	7,352.1	0.0	0	0	0
1002 Fed Rcpts		57.7										
1007 I/A Rcpts		1,137.0										
1037 GF/MH		6,219.4										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fnl Auth	7,938.9	0.0	0.0	62.0	0.0	0.0	7,876.9	0.0	0	0	0
1007 I/A Rcpts		1,519.5										
1037 GF/MH		6,219.4										
1092 MHTAAR		200.0										
Subtotal 15,353.0 0.0 0.0 124.0 0.0 0.0 15,229.0 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	7,414.1	0.0	0.0	62.0	0.0	0.0	7,352.1	0.0	0	0	0
1002 Fed Rcpts		57.7										
1007 I/A Rcpts		1,137.0										
1037 GF/MH		6,219.4										
Imported from Legislative Finance.												
Subtotal 22,767.1 0.0 0.0 186.0 0.0 0.0 22,581.1 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals 22,767.1 0.0 0.0 186.0 0.0 0.0 22,581.1 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions **Department of Health and Social Services**

Component: Federal Mental Health Projects (1438)
RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY01 Final Authorized												
1002 Fed Rcpts	Enl Auth	2,048.5	18.3	10.0	20.0	5.0	0.0	1,995.2	0.0	0	0	0
		2,048.5										
	Totals	2,048.5	18.3	10.0	20.0	5.0	0.0	1,995.2	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Psychiatric Institute (311)
RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
Conference Committee												
	ConfCom	17,418.6	15,064.4	50.8	1,086.1	1,050.1	97.0	70.2	0.0	242	2	20
1007 I/A Rcpts		7,376.3										
1037 GF/MH		6,501.9										
1061 CIP Rcpts		227.0										
1092 MHTAAR		491.5										
1108 Stat Desig		2,821.9										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fnl Auth	17,147.3	14,099.3	50.8	1,305.2	1,147.9	454.9	89.2	0.0	236	2	8
1004 Gen Fund		4.1										
1007 I/A Rcpts		8,957.4										
1037 GF/MH		4,447.8										
1061 CIP Rcpts		150.7										
1092 MHTAAR		1,326.3										
1108 Stat Desig		2,261.0										
Subtotal		34,565.9	29,163.7	101.6	2,391.3	2,198.0	551.9	159.4	0.0	478	4	28

***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****

Conference Committee												
	ConfCom	17,418.6	15,064.4	50.8	1,086.1	1,050.1	97.0	70.2	0.0	242	2	20
1007 I/A Rcpts		7,376.3										
1037 GF/MH		6,501.9										
1061 CIP Rcpts		227.0										
1092 MHTAAR		491.5										
1108 Stat Desig		2,821.9										

Imported from Legislative Finance.

Increased staff to meet accreditation requirements and increased admissions ADN 0620002

PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0	4
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The following position adjustments are required at API in order to comply with accreditation requirements and meet staffing and patient needs due to increased monthly patient admissions to API. Monthly admissions grew from 123 in July 2000 to 149 in July 2001, an increase of 21%.

4 fulltime permanent positions:
 06-#086, Mental Health Clinician IV
 06-#095, Health Practitioner II
 06-#084, Mental Health Clinician II
 06-#085, Nurse II (psych)

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Psychiatric Institute (311)
RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
2 nonperm positions: 06-#089, Maintenance General - Journey I 06-#091, Administrative Clerk II												
In addition, API has two status changes: FT to NP, 06-?081, Mental Health Clinician II FT to NP, 06-?132, Psych Nurse Asst I												

Subtotal		51,984.5	44,228.1	152.4	3,477.4	3,248.1	648.9	229.6	0.0	722	6	52
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***** Changes From FY2002 Management Plan To FY2003 Governor *****

Year 3 Labor Costs - Net Change from FY2002

SalAdj		483.4	483.4	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		166.3										
1037 GF/MH		203.5										
1061 CIP Rcpts		7.3										
1092 MHTAAR		15.8										
1108 Stat Desig		90.5										

Correct Funding Source for Salary Adjustment due to Unrealized Receipts

SalAdj		0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund		272.6										
1007 I/A Rcpts		-166.3										
1092 MHTAAR		-15.8										
1108 Stat Desig		-90.5										

The FY03 Cost of Living Adjustment increment amounts were recommended to departments by component, based on a formula uniformly applied to the components' FY02 Management Plan personal services funding sources. However, this approach failed to take into account situations where an agency may be unable to realize additional revenues from certain restricted revenue sources.

In API's case, I/A revenues will be decreasing overall for FY03 due to the final decrease in available Medicaid DSH funding. MHTAAR revenues are slated for removal from API's budget, and API was unable to collect their full budgeted Statutory Designated Program Receipts in FY01, so increasing that authority would likewise prove futile towards funding the required 3% salary raises for employees. Therefore API seeks a \$272.6 funding source adjustment from these three sources to GF.

Community Mental Health/API Replacement - Return of DSH Match from DMA

Trin		390.9	390.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		390.9										

The Balanced Budget Act of 1997 capped the total amount of federal Medicaid "Disproportionate Share Hospital" (DSH) program funding available to eligible hospitals. DSH funding is available to certain hospitals if they serve a preponderance of indigent people. The total DSH allocated to each state is divided into

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Psychiatric Institute (311)
RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
funding for Institutes for Mental Disease (IMD), and all other hospitals. In addition to capping total DSH, the Balanced Budget Act also imposed a three-year incremental decrease in the proportion of DSH available for IMDs. As a result, by federal FY03 API will have lost over \$8.0 million in annual federal DSH revenues.												
As the Division of Medical Assistance's (DMA's) DSH payments to the Alaska Psychiatric Institute (API) have decreased, DMA's need for general fund dollars to match federal DSH funds has also decreased. In FY98 API transferred \$5,787.4 in general funds to DMA to ensure that DMA would have adequate resources to provide API with the maximum IMD DSH payment allowable. Once the incremental decreases to IMD DSH began in federal FY01, DMA began transferring back to API what general funds would no longer be required as DSH match.												
Covering loss of DSH revenues												
	Inc	580.2	360.4	2.9	61.4	61.5	0.0	94.0	0.0	0	0	0
1007 I/A Rcpts		-177.5										
1037 GF/MH		1,249.2										
1092 MHTAAR		-491.5										

This record combines four transactions:

<491.5> MHTAAR decrement
 <877.5> I/A DSH loss decrement
 1,249.2 GF/MH increment

700.0 I/A increment, revenues from Medicaid direct billings for the Chilkat youth unit

The Balanced Budget Act of 1997 capped the total amount of federal Medicaid "Disproportionate Share Hospital" (DSH) program funding available to eligible hospitals. DSH funding is available to certain hospitals if they serve a preponderance of indigent people. The total DSH allocated to each state is divided into funding for Institutes for Mental Disease (IMD), and all other hospitals. In addition to capping total DSH, the Balanced Budget Act also imposed a three year incremental decrease in the proportion of DSH available for IMDs. As a result, by federal FY03 API will have lost over \$8.0 million in annual DSH revenues.

Leading up to the first of the DSH losses in federal FY01, the Division worked with the Trust to develop a plan for alternate funding for API. In FY01 as a part of that plan, API received \$1,291.5 in MHTAAR Trust support. That amount was reduced to \$491.5 in FY02, and Trust support phases out completely for FY03, reflected in the MHTAAR decrement listed above. The Trust's intent was to allow the State time to phase in increasing GF/MH support of API, to make up for the dwindling DSH funding. For FY03 API seeks a \$1,249.2 GF/MH increment to largely offset the loss of DSH and MHTAAR.

Simultaneous to these DSH changes, API has seen an increase in the utilization of their Chilkat youth treatment and rehabilitation unit. Services for many of these patients are Medicaid-reimbursable, and API's related revenues from direct billings have grown from a budgeted \$900.0 in FY02 to an estimated \$1,600.0 collections in FY03. API requests a related \$700.0 I/A increment.

The net effect of these transactions is a \$580.2 increment. API's costs of operation continue to escalate, driven by such factors as:

- the increasing severity of the population served who then require an increasing amount of staff-to-patient 1:1 staffing
- an estimated 20% increase in the cost of pharmaceuticals, according to a survey published in the American Hospital Association's online newsletter

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Psychiatric Institute (311)
RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
- patient & escort travel costs in excess of the API budget each year for the several past years												
- the escalating costs for API's standard annual medical and dental contracts, and locum tenens care												
Increasing Fuel Costs												
1037 GF/MH	Inc	7.3	0.0	0.0	7.3	0.0	0.0	0.0	0.0	0	0	0
In an effort to acknowledge Alaska's rising fuel costs, OMB requested estimated fuel cost increases FY02 - FY03 from all departments, and then approved small general fund increment requests for those components where fuel costs were already budgeted. In API's case fuel costs are split between natural gas for heating the facility, and gasoline for API's several State vehicles.												
Updating API Staffing Plan												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-2	0	-2
This record deletes two nonperms and two fulltime positions:												
06-?011, nonperm Psychiatric Nurse Assistant I												
06-?081, nonperm Mental Health Clinician II												
06-5045, fulltime Maint Gen Journey												
06-#095, fulltime Health Practitioner II												
Totals		53,446.3	45,462.8	155.3	3,546.1	3,309.6	648.9	323.6	0.0	720	6	50

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Mental Health/Developmental Disabilities Administration (310)

RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	6,665.5	3,852.4	373.6	2,198.2	76.0	89.1	76.2	0.0	58	4	1
1002 Fed Rcpts		1,612.4										
1005 GF/Prgm		10.1										
1007 I/A Rcpts		1,949.6										
1037 GF/MH		2,700.3										
1092 MHTAAR		393.1										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Finl Auth	6,507.6	3,617.2	400.0	1,834.9	90.9	152.2	412.4	0.0	58	3	1
1002 Fed Rcpts		1,181.7										
1005 GF/Prgm		10.1										
1007 I/A Rcpts		2,295.3										
1037 GF/MH		2,701.8										
1092 MHTAAR		318.7										
Subtotal												
		13,173.1	7,469.6	773.6	4,033.1	166.9	241.3	488.6	0.0	116	7	2

***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	6,665.5	3,852.4	373.6	2,198.2	76.0	89.1	76.2	0.0	58	4	1
1002 Fed Rcpts		1,612.4										
1005 GF/Prgm		10.1										
1007 I/A Rcpts		1,949.6										
1037 GF/MH		2,700.3										
1092 MHTAAR		393.1										

Imported from Legislative Finance.

Transfer in Children's Mental Hlth Coordinator from Mental Hlth Board component ADN 0620002

Trin	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	1	0	0
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This change record transfers PCN 06-0492, the Fairbanks based Statewide Children's Mental Health Coordinator, to the Division of Mental Health and Developmental Disabilities from the Mental Health Board component. The coordinator assists in developing a more unified system of care for disabled children in Alaska. The position facilitates integrated service delivery by coordinating major planning and implementation activities such as collaboration across multiple system of care, leveraging resources for service and system change, and strategies to improve transition to adult services. This position is more appropriately placed with the Division of Mental Health and Developmental Disabilities. The transfer was approved by the Alaska Mental Health Trust Authority. Funds for this position will be transferred in the FY03 budget and an unbudgeted RSA will fund it in FY02.

Transfer Analyst Programmer III to Adm Support Svcs ADN 0620002

Trout	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
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Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Mental Health/Developmental Disabilities Administration (310)
RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
We are transferring out Juneau based PCN 06-2247, an Analyst Programmer III, to Administrative Support Services within DAS. This transfer is necessary in order to assist the department's information systems program. During the last several years, the department's information systems structure has grown along with the expansion of the department. This position is necessary to better meet the needs of our clients and workload distribution. The position will be handling departmentwide information structures rather than servicing just one division. The position will be funded with an unbudgeted RSA in FY02 and the funds will be transferred during the FY03 budget process.												
Continue positions established or changed in FY01 ADN 0620002												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	4	0	1
Adding 5 fulltime permanent positions:												
06-#101 (06-2278), Grants Administrator I/II -- This Juneau based position established in FY01 will oversee the DMHDD grants procurement process and provide fiscal administration and management of the Division's incoming federal grant awards. This position will flex from a Grants Administrator I to a level II after 1 year of training/work experience and after obtaining Level III State of Alaska Procurement Certification.												
06-2272, Developmental Disabilities Specialist III -- This Juneau based position was established in FY01 as the special DD projects coordinator.												
06-5369, Mental Health Clinician III -- This Anchorage based position was established in FY01 to provide service utilization review for the API Replacement project.												
06-2273, Developmental Disabilities Specialist I -- This Fairbanks based position was established in FY01 to support the NRO DDPS III in grant and waiver oversight and technical assistance.												
06-#110, Project Coordinator -- The Anchorage based (DD Nursing) Project Coordinator will be responsible for drafting DD policy related to CCMC Waivers, and coordinating activities and events for the two DD nurses.												
Changing one PFT to PPT:												
06-?006, Developmental Disabilities Specialist I -- This Juneau based parttime position will support the SERO DDPS III in grant and waiver oversight and technical assistance.												
Changing one PFT to NP:												
06-?029 (aka 06-N1256), Administrative Assistant -- This Juneau based position was established in FY01 as a Juneau based long term non-permanent administrative assistant to the Director of Mental Health and Developmental Disabilities (DMHDD) and the Mental Health Clinician III, Special Projects Coordinator for the Central Office of DMHDD. This position performs a variety of administrative support tasks ranging from weekly and annual reporting to assistance on, or day to day management of, special projects as assigned.												
Changing one PPT to PFT:												
06-5366, Social Services Program Coordinator -- This Juneau based position was originally budgeted in FY02 as part-time, but additional Medicaid funding will allow for this position to be funded full-time. Under the direct supervision of the DMHDD Director this position provides expertise as a consumer consultant to the senior management team and Division Director in all aspects of planning, development, coordination, monitoring and evaluation of mental health programs and services for all populations. Position has been filled.												
Subtotal		19,838.6	11,322.0	1,147.2	6,231.3	242.9	330.4	564.8	0.0	178	11	4
***** Changes From FY2002 Management Plan To FY2003 Governor *****												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Mental Health/Developmental Disabilities Administration (310)

RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	122.9	122.9	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		12.1										
1004 Gen Fund		0.2										
1007 I/A Rcpts		40.5										
1037 GF/MH		65.1										
1092 MHTAAR		5.0										
Transfer In funds for Children's MH Coordinator from AMHB												
	Trin	58.1	58.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		58.1										
This change record transfers partial support for PCN 06-0492, the Fairbanks based Statewide Children's Mental Health Coordinator, from the Mental Health Board to the Division of Mental Health and Developmental Disabilities. The PCN was shifted during the FY02 Reconciliation and FY02 salary was RSA'd from AMHB. The Coordinator's role is to develop a more unified system of care for children's mental health services in Alaska, fostering collaboration across multiple agencies and systems that impact the lives of children and youth with emotional disturbances.												
Transfer out salary for Analyst Programmer III to Admin Svcs Support												
	Trout	-69.2	-69.2	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		-69.2										
This change record transfers personal services funding for Juneau based PCN 06-2247, an Analyst Programmer III, to Administrative Support Services within DAS. The PCN was shifted during the FY02 Reconciliation and FY02 salary was RSA'd to DAS. Over the last several years as the Department has grown, so has the workload for the centralized information systems staff. The transfer allows the position to handle departmentwide needs rather than focusing exclusively on one division.												
Safety & Quality Assurance												
	Inc	360.5	261.4	20.0	57.1	1.0	21.0	0.0	0.0	2	0	0
1037 GF/MH		360.5										

This change record transfers partial support for PCN 06-0492, the Fairbanks based Statewide Children's Mental Health Coordinator, from the Mental Health Board to the Division of Mental Health and Developmental Disabilities. The PCN was shifted during the FY02 Reconciliation and FY02 salary was RSA'd from AMHB. The Coordinator's role is to develop a more unified system of care for children's mental health services in Alaska, fostering collaboration across multiple agencies and systems that impact the lives of children and youth with emotional disturbances.

This change record transfers personal services funding for Juneau based PCN 06-2247, an Analyst Programmer III, to Administrative Support Services within DAS. The PCN was shifted during the FY02 Reconciliation and FY02 salary was RSA'd to DAS. Over the last several years as the Department has grown, so has the workload for the centralized information systems staff. The transfer allows the position to handle departmentwide needs rather than focusing exclusively on one division.

Demands on the Division for licensing assisted living homes, monitoring MH and DD service provision, and providing technical assistance to provider agencies continue to escalate. Without additional resources, the Division's ability to meet legal requirements to ensure the safety of our consumers is threatened.

The ability of DMHDD to meet its statutory and regulatory requirements to ensure safety and quality care for mental health and developmental disabilities consumers is in serious jeopardy. The number of assisted living homes under our authority has increased in the last 11 months from 143 to 184 homes, and is expected to soon be well over 200. Similarly, there are increasing demands on our quality assurance staff to maintain their current review efforts with mental health grantees, and simultaneously increase technical assistance to grantee agencies and quality assurance monitoring with developmental disabilities grantees and inpatient mental health facilities. The Division is also being called upon to increase its efforts to enhance services in Alaska for children and youth who are currently being placed in out-of-state residential psychiatric treatment facilities. Finally, the Division lacks the resources to review and enhance our legal framework, including internal policies and procedures, to ensure safety and quality care.

This request will allow the Division to consolidate and expand its efforts related to safety and quality care by implementing a new Safety & Quality Assurance unit which will include the following functions: quality assurance (both inpatient and outpatient), assisted living (including licensing, monitoring

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Mental Health/Developmental Disabilities Administration (310)

RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

and investigations), statewide training coordination, and utilization review for the Community Mental Health/API Replacement Project. The Division will also maintain its current staff resources and focus on statewide children's services coordination and consumer involvement/leadership in policy development and system change efforts.

The new unit's funding is a bundling of numerous former Trust projects:

- Integrated (Outpatient) Quality Assurance Review
- Inpatient Quality Assurance
- Assisted Living Licensing/Health/Safety Quality Assurance
- Children's MH Services Coordinator
- MH Consumer Affairs Position
- Assisted Living Licensing

Data Infrastructure federal grant

	Inc	100.0	0.0	0.0	100.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		100.0										

Starting in FY02, the Division will receive \$100.0 for three successive years under the federal Substance Abuse and Mental Health Services Administration's Data Infrastructure program, which provided funding opportunities to all states. Initially, funds will support our short term mental health data collection efforts--contracting for an assessment of the ARORA mental health information system and development of a data validation and error correction feedback module, and increasing the support for our key punch contract as paper data submissions increase. Later we anticipate applying funds towards a longer term solution to obtaining full, reliable demographic and service data from mental health providers. Being able to accurately report on the volume, cost, recipients and outcomes of services will strengthen the credibility of the Community Mental Health program, as the Division and individual providers seek financial support from State and federal sources.

Develop Web-Based ARORA Front End

	Trin	500.0	0.0	0.0	500.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		500.0										

In the spring of 2001 the Division began laying plans for both short-term and longer-term solutions to address the dearth of mental health data reporting. For years the Division struggled with connectivity and data submission issues tangled around the mental health ARORA database. Staff and provider agencies agreed that all would benefit from the Division's ability to report on services being delivered, the type of accountability the legislature and others have been requesting of us for years. A mental health data collection work group was established to tackle the problem of developing a functioning data reporting system.

With the commencement of FY02, the Division implemented the short-term plan of limiting the numbers of required mental health data fields, urging more providers to submit demographic and service data on paper if electrical transmission was flawed, and holding providers accountable for regular monthly submission by tying grant advances to our receipt of their data. While still not perfect, submission compliance has jumped dramatically. By mid-November the Division will begin producing preliminary reports from aggregate data, and more detailed reporting will become available thereafter.

Concurrent with this stop gap process, we have been planning for longer-term mental health reporting solutions which would also address the issues of data integration with the Division of Alcohol & Drug Abuse (ADA), since many provider agencies serve both MH and ADA consumers. Through funding available from several sources, Information Systems staff from both divisions anticipate conducting a needs assessment during FY02 and launching into the planning, design and development of a web-based front-end application which would both resolve provider connectivity issues and address the divisions' needs for system integration. This budget transfer would help support the FY03 development of such an application. The federal revenues would be

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Mental Health/Developmental Disabilities Administration (310)

RDU: Institutions and Administration (103)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
available during a final Year 4 no-cost-extension of the Anchorage Comorbidity Services project, and might be the Division's only chance at obtaining funds significant enough to complete such an undertaking.												
Division Infrastructure												
	PosAdj	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	2	0	-1
This record adds two fulltime permanent positions:												
#162, Administrative Clerk II, r8 located in Anchorage to support growing program staff at that location and bring the clerical to program staff ratio back in alignment with the ratio at other locations												
#161, Micro/Net Tech II, r16 located in Juneau to provide statewide user support and assistance with routine network administration function												
It also deletes one fulltime nonpermanent position:												
#029, Admin Assistant, r13 located in Juneau to provide support for the Director's Office and the Mental Health Special Projects Coordinator												
Regional Community DD Grantee Support/Training												
	Inc	250.0	182.5	25.0	40.0	2.5	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		250.0										
The Developmental Disabilities program has been undergoing a dramatic transformation with the advent of Medicaid waivers for people with mental retardation and children with chronic medical conditions. Significant formalization and changes are becoming necessary in areas such as eligibility determination, care coordination, plan of care development and client database development. The regulatory and policy framework regarding DD services will need to be modified to reflect these program changes. Finally, an intensive long-term training effort will be necessary to train DD staff, provider agencies, families and advocates regarding these comprehensive system changes. These interagency receipts will help fund this system change and training effort.												
Totals		21,160.9	11,877.7	1,192.2	6,928.4	246.4	351.4	564.8	0.0	182	11	3

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Developmental Disabilities Grants (309)
RDU: Community Developmental Disabilities Grants (102)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	20,082.0	0.0	0.0	421.7	0.0	0.0	19,612.5	47.8	0	0	0
1002 Fed Rcpts		185.1										
1004 Gen Fund		47.8										
1007 I/A Rcpts		652.4										
1037 GF/MH		18,626.7										
1092 MHTAAR		570.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Enl Auth	20,004.1	0.0	0.0	312.0	0.0	62.8	19,629.3	0.0	0	0	0
1007 I/A Rcpts		657.4										
1037 GF/MH		18,506.7										
1092 MHTAAR		840.0										
Subtotal 40,086.1 0.0 0.0 733.7 0.0 62.8 39,241.8 47.8 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	20,082.0	0.0	0.0	421.7	0.0	0.0	19,612.5	47.8	0	0	0
1002 Fed Rcpts		185.1										
1004 Gen Fund		47.8										
1007 I/A Rcpts		652.4										
1037 GF/MH		18,626.7										
1092 MHTAAR		570.0										
Imported from Legislative Finance.												
Correction to Transfer of Designated BRUs ADN#0620025												
	LIT	0.0	0.0	0.0	0.0	0.0	0.0	47.8	-47.8	0	0	0
To correct line item funding from transfer of Designated BRUs.												
Subtotal 60,168.1 0.0 0.0 1,155.4 0.0 62.8 58,902.1 47.8 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablishment of Designated BRU's												
	Trout	-47.8	0.0	0.0	0.0	0.0	0.0	-47.8	0.0	0	0	0
1004 Gen Fund		-47.8										

In FY02, the designated funding for Regional Health Corporation Budget Request Units was transferred into the department's division components. The

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Developmental Disabilities Grants (309)
RDU: Community Developmental Disabilities Grants (102)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP

infrastructure and financial support for services do not exist outside the Native Health Corporations in most of the remote locations.

The Department is requesting that the funds be transferred out of the division's components and back into designated BRU's.

Norton Sound 47.8

Developmental Disabilities Infrastructure

	FndChg	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		120.0										
1092 MHTAAR		-120.0										

FY03 will be the fourth of a 4-year agreement between the Trust and legislature to preserve the infrastructure of developmental disability service providers. These funds are currently being used to: increase salary levels and benefits to both retain and attract qualified staff; ensure that employees receive adequate training to provide quality services; and ensure that programs meet or exceed the program standards established by the Department of Health and Social Services. All funds were released to DD grantees in accordance with the recommendations of the work group convened for the purpose of determining fair and equitable funding distribution.

Until FY00, all new funds in the DD program were allocated toward serving people on the wait list, with no increases allocated for the basic provider infrastructure in many years. Staff turnover is high and many DD providers have difficulty recruiting qualified staff. Wages are still not competitive with comparable occupations in the state.

This struggle to both attract and retain qualified staff affects not only the quality of services provided, but also the basic health and safety of individuals with developmental disabilities. Without adequate, qualified staff, many consumers will be at risk of placement in institutions such as nursing homes, hospitals, jails, Alaska Psychiatric Institute, or out of state. All of these alternate options are a far greater cost to the State than current efforts to support the existing community infrastructure.

A 1998 Council survey found a 166 percent turnover rate of direct service workers. On an average, respite and residential workers earn \$4.78 an hour less than persons in comparable positions do. DD direct service workers earn:

- \$3.53 less an hour than persons in comparable positions.
- \$2.33 an hour less than order clerks;
- \$1.38 an hour less than messengers and delivery persons,
- \$.38 an hour less than teleprinters and door-to-door sales workers.

The continuing availability of these funds will ensure that the work begun in FY00 to address these critical issues is able to continue. However, this amount is not enough to address the basic health and safety needs of Alaskans with developmental disabilities. Although DMHDD has renegotiated waivers to reflect the actual costs of providing services, there has been no increase for those served through base grants. Base grants provide DD programs with the basic infrastructure that allows them to operate and provide services on an individualized waiver-funded basis.

Learn as You Earn

	Dec	-100.0	0.0	0.0	0.0	0.0	0.0	-100.0	0.0	0	0	0
1092 MHTAAR		-100.0										

The shortage of qualified personnel is a major concern of the Governor's Council on Disabilities and Special Education since it affects the quality of services provided to people with developmental disabilities and their families as well as their safety. This project has developed and provides formal, competency-based training (certificate, associate, and bachelor's degree program) for people already employed in the field. Currently training is offered in cooperation

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Community Developmental Disabilities Grants (309)
RDU: Community Developmental Disabilities Grants (102)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
with Prince William Sound Community College, which will culminate in a new Associate of Applied Science Degree in Disabilities.												
Core courses with emphases in developmental disabilities, mental health, chronic alcoholism with psychosis or Alzheimer's Disease and Related Disorders will be offered, in conjunction with mentoring and practicum supervision provided by their employers. The "Earn as You Learn" program will be offered via distance delivery. In exchange for an agreement to work at least two additional years in the field, students will receive tuition and fees support as well as ongoing assistance to help them juggle work, school, and family demands.												
The FY03 funding level is \$100.0 compared to \$200.0 in FY02.												
Mini-Grants for Beneficiaries with Developmental Disabilities												
	Inc	25.0	0.0	0.0	0.0	0.0	0.0	25.0	0.0	0	0	0
1092 MHTAAR		25.0										
This project is a replication of a highly successful mini-grant program made available for beneficiaries in FY99 through the DHSS Divisions of Alcoholism and Drug Abuse and Mental Health & Developmental Disabilities, and through the DOA Division of Senior Services.												
The mini-grant program provides Trust beneficiaries with a broad range of equipment and services that are essential to directly improving their quality of life and increasing independent functioning. These can include, but should not be limited to, therapeutic devices, access to medical, vision and dental, and special health-care, and other supplies or services that might remove or reduce barriers to an individual's ability to function in the community and become as self-sufficient as possible. Assistance with basic living needs not covered by current grants, such as transportation, clothing and the like, will also be considered. These services will help Trust beneficiaries attain and maintain healthy and productive lifestyles. These items are determined to support beneficiaries in achieving stability and gaining self-sufficiency.												
Small grants can create significant opportunities for individual beneficiaries. The state will permit applicants to use non-profit or local governmental entities as pass-through grant agencies. Consumer choice will not be limited to current grantees.												
Infants and toddlers with disabilities are also eligible for the mini-grants administered by DMHDD, and DMHDD is expected to collaborate with the Division of Public Health/Maternal, Child & Family Health in administration and distribution of mini-grants.												
The FY03 funding level is \$175.0 compared to \$150.0 in FY02.												
	Totals	60,045.3	0.0	0.0	1,155.4	0.0	62.8	58,779.3	47.8	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Mental Health Board (2022)
RDU: Mental Health Trust Boards (105)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	534.4	363.7	69.0	97.4	4.3	0.0	0.0	0.0	5	0	0
1007 I/A Rcpts		20.5										
1037 GF/MH		346.4										
1092 MHTAAR		167.5										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Fnl Auth	529.9	362.4	80.0	55.6	8.4	23.5	0.0	0.0	5	0	0
1007 I/A Rcpts		30.5										
1037 GF/MH		346.1										
1092 MHTAAR		153.3										
<hr/>												
	Subtotal	1,064.3	726.1	149.0	153.0	12.7	23.5	0.0	0.0	10	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	534.4	363.7	69.0	97.4	4.3	0.0	0.0	0.0	5	0	0
1007 I/A Rcpts		20.5										
1037 GF/MH		346.4										
1092 MHTAAR		167.5										
Imported from Legislative Finance.												
Transfer Children's Mental Hlth Coordinator to DMHDD/Admin component ADN 0620002												
	Trout	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	-1	0	0
This change record transfers PCN 06-0492 the Statewide Children's Coordinator to Division of Mental Health and Developmental Disabilities. The coordinator assists in developing a more unified system of care for disabled children in Alaska. This position is more appropriately placed within the Division of Mental Health and the transfer was approved by the Alaska Mental Health Trust Authority. Funds for this position will be transferred in the FY03 budget and an unbudgeted RSA will fund it in FY02.												
Transfer PS, Travel & Commodities to Contractual for Stwd Child Coord position ADN 0620002												
	LIT	0.0	-88.0	-13.6	104.5	-2.9	0.0	0.0	0.0	0	0	0
This transfers MHTAAR funding from personal services, travel and commodities to contractual for the Statewide Children's Coordinator which is being transferred to DMHDD in FY02. An unbudgeted RSA for this position will be done in FY02 to DMHDD and a transfer will be done in FY03.												
<hr/>												
	Subtotal	1,598.7	1,001.8	204.4	354.9	14.1	23.5	0.0	0.0	14	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												

Year 3 Labor Costs - Net Change from FY2002

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Mental Health Board (2022)

RDU: Mental Health Trust Boards (105)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
	SalAdj	9.1	9.1	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		0.8										
1037 GF/MH		8.3										
Transfer funds for Children's Coordinator to DMHDD												
	Trout	-58.1	0.0	0.0	-58.1	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		-58.1										
This transfers the funding for the Statewide Children's Coordinator position to Division of Mental Health and Developmental Disabilities. The position was transferred in FY02. The coordinator assists in developing a more unified system of care for disabled children in Alaska. The position facilitates integrated service delivery by coordinating major planning and implementation activities such as collaboration across multiple systems of care, leveraging resources for service and system change; and strategies to improve transition to adult services. This position is more appropriately placed within the Division of Mental Health and the transfer was approved by the Alaska Mental Health Trust Authority.												
Decrease MHTAAR Funding not approved for Child Coordinator												
	Dec	-52.4	0.0	0.0	-52.4	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		-52.4										
A portion of the total MHTAAR funding for the Statewide Child Coordinator was not approved by the Alaska Mental Health Trust Authority for FY2003 and is being deleted.												
Increase AMHB Public Awareness Campaign Project												
	Inc	34.7	0.0	0.0	34.7	0.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		34.7										

This project was funded by the Trust in FY2002. This increment is critical to continuing development of an on-going public awareness campaign that:

- *increases community awareness of mental health/illness issues;
- *reduces the stigma and discrimination associated with mental illness; and
- *promotes broad based support for mental health treatment and support services.

The continued campaign will build upon themes in the Surgeon General's Report on Mental Health: mental health is indispensable to overall health; mental illness has a devastating social impact; treatment works; and significant barriers to adequate mental health services exist. FY2003 increased funding will allow the AMHB to continue a comprehensive, year-round campaign focusing on:

- *educational presentations on mental health/mental illness to multiple audiences;
- *a statewide program of activities for May is Mental Health month;
- *a resource directory for mental health-related services in communities statewide; and
- *enhanced media relations.

Some or all of these funds may be employed in support of a collaborative public education campaign involving the Alaska Mental Health Trust Authority, the Advisory Board on Alcoholism and Drug Abuse, the Alaska Commission on Aging, and the Governor's Council on Disabilities and Special Education.

AMHB Infrastructure and Coordinated Public Education (Collab Coord Ed)

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Alaska Mental Health Board (2022)

RDU: Mental Health Trust Boards (105)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1092 MHTAAR	Inc	30.0	0.0	0.0	30.0	0.0	0.0	0.0	0.0	0	0	0
		30.0										
<p>This project is to develop a coordinated public awareness campaign. The Alaska Mental Health Board (AMHB) has a small amount of MHTAAR funding for mental health public education in the current fiscal year FY2002. In order to carry out a coordinated campaign, resources at the disposal of the four boards for that purpose (beyond those already available to the AMHB) are necessary. The AMHB proposes to be the clearinghouse for funds which would be devoted to those elements of a coordinated strategic communications plan (as developed by the four-board group established at the May 2001 collaboration meeting) which require outside consulting or products such as:</p> <p>*A resource guide to beneficiary programs; *Media consulting and products; and *Outreach development and coordination.</p> <p>A group consisting of the four boards and other stakeholders will develop the plan from the specific elements this increment funds.</p>												
Totals		1,562.0	1,010.9	204.4	309.1	14.1	23.5	0.0	0.0	14	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Advisory Board on Alcoholism and Drug Abuse (2024)
RDU: Mental Health Trust Boards (105)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	360.2	195.1	61.4	91.2	6.5	6.0	0.0	0.0	3	0	0
1037 GF/MH		292.2										
1092 MHTAAR		68.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Enl Auth	325.9	201.0	66.2	46.2	6.5	6.0	0.0	0.0	3	0	0
1037 GF/MH		292.9										
1092 MHTAAR		33.0										
Subtotal												
		686.1	396.1	127.6	137.4	13.0	12.0	0.0	0.0	6	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	360.2	195.1	61.4	91.2	6.5	6.0	0.0	0.0	3	0	0
1037 GF/MH		292.2										
1092 MHTAAR		68.0										
Imported from Legislative Finance.												
Subtotal												
		1,046.3	591.2	189.0	228.6	19.5	18.0	0.0	0.0	9	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	6.8	6.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1037 GF/MH		6.8										
ADA Board Infrastructure and Coordinated Public Education (Collab Coord Ed)												
	Inc	85.0	5.0	7.0	70.0	3.0	0.0	0.0	0.0	0	0	0
1092 MHTAAR		85.0										

Several Advisory Board on Alcoholism and Drug Abuse (ABADA) deficits require correction to strengthen the accomplishment of the ABADA mission. With this increment the ABADA will reclassify an existing position to lead all ABADA planning efforts as well as accomplishing most research functions. It would also fund selected research contracts to meet planning and advocacy priorities, including full participation in the Trust/Boards Strategic Communications Initiative currently under development. This initiative would increase public awareness and support for beneficiary needs and reduce the stigma so frequently attached to beneficiaries. Additional workspace, storage space and a work station suitable for use by an intern are included, as are utility space to support ongoing print document distribution, conference space for small meetings with stakeholders and visitor seating.

Increment to Title 47 Statewide Initiative MHTAAR Project

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Advisory Board on Alcoholism and Drug Abuse (2024)

RDU: Mental Health Trust Boards (105)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
1092 MHTAAR	Inc	15.0	0.0	0.0	15.0	0.0	0.0	0.0	0.0	0	0	0
<p>This is an increment to the MHTAAR project which started in FY2002. The goal of this project is to increase the appropriate use of the Title 47 Alcohol/Drug Commitment Statute to reduce health risks, deaths, and negative consequences of alcohol/other drugs statewide. This is to be accomplished through contractual training and technical support across disciplines/professions for persons dealing with the target population of individuals eligible for Title 47 alcohol/other drug involuntary commitments.</p> <p>This project is aimed at strengthening the ability of providers and other authorized persons to utilize the Title 47 Commitment Statute to protect residents who are late stage, chronically substance dependent or other statutorily eligible individuals. Such persons must be incapable of realizing and making rational decisions with respect to the need for treatment and be unable to take care of their basic safety or personal needs including food, clothing, shelter or medical care.</p> <p>A contractor will develop, schedule and present Title 47 training components for a multi-disciplinary audience including medical/health care providers, chemical dependency providers, attorneys, public safety personnel, and the judiciary. Community coordination will be facilitated and follow-up technical support provided to communities using the commitment statute.</p> <p>The project will also coordinate with the Jail Alternative Services (JAS) program, which provides case coordination for mentally ill offenders. The contractor will coordinate meetings among the Department of Corrections, Division of Mental Health & Developmental Disabilities, and the Division of Alcoholism and Drug Abuse. Medical implications are expected but their extent is not yet known.</p>												
Totals		1,153.1	603.0	196.0	313.6	22.5	18.0	0.0	0.0	9	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Governor's Council on Disabilities and Special Education (2023)
RDU: Mental Health Trust Boards (105)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	2,270.0	407.7	189.3	1,655.0	13.0	5.0	0.0	0.0	6	0	2
1002 Fed Rcpts		1,635.3										
1007 I/A Rcpts		169.7										
1037 GF/MH		10.0										
1092 MHTAAR		455.0										
Imported from Legislative Finance.												
FY01 Final Authorized												
	Enl Auth	2,156.1	398.6	213.5	1,516.2	21.2	6.6	0.0	0.0	6	0	2
1002 Fed Rcpts		1,385.8										
1007 I/A Rcpts		169.6										
1037 GF/MH		10.0										
1092 MHTAAR		590.7										
Subtotal		4,426.1	806.3	402.8	3,171.2	34.2	11.6	0.0	0.0	12	0	4
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	2,270.0	407.7	189.3	1,655.0	13.0	5.0	0.0	0.0	6	0	2
1002 Fed Rcpts		1,635.3										
1007 I/A Rcpts		169.7										
1037 GF/MH		10.0										
1092 MHTAAR		455.0										
Imported from Legislative Finance.												
Subtotal		6,696.1	1,214.0	592.1	4,826.2	47.2	16.6	0.0	0.0	18	0	6
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Year 3 Labor Costs - Net Change from FY2002												
	SalAdj	13.8	13.8	0.0	0.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		11.1										
1007 I/A Rcpts		2.7										
GCDSE Board Infrastructure and Public Education (Collab Coord Ed)												
	Inc	80.0	65.5	9.5	3.0	2.0	0.0	0.0	0.0	1	0	0
1092 MHTAAR		80.0										

The Council is federally funded to fulfill specific roles mandated by Congress. It is an expectation of the Trust that the Council will participate in planning,

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Governor's Council on Disabilities and Special Education (2023)

RDU: Mental Health Trust Boards (105)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
implementing and funding a comprehensive integrated mental health program that serves people with developmental disabilities and their families. Financial support for this work has not been received from the Trust.												
This request, which is consistent with the Trust's own needs for increased staff, will provide for a Research Analyst and associated operating funds needed to help ensure Council activities are conducted within the framework of the Trust's guiding principals while still meeting congressional requirements. Without these funds, the Council's ability to provide up-to-date, valid information to the Trust on consumer issues, identify trends, participate in Trust activities, enhance public awareness, and engage in ongoing collaboration with the Trust and the other three boards will be sorely compromised.												
The research analyst will design, conduct, analyze and report on in-depth research studies to provide timely, accurate data for planning purposes. The position will evaluate the implementation of all recommendations made by the Council to the Trust to identify service delivery systems impact, provide information to update ongoing plans and projects, develop new recommendations and plans, and prepare proposals and applications for other resources.												
GCDSE funds for PASS Grant												
	Inc	50.0	0.0	0.0	50.0	0.0	0.0	0.0	0.0	0	0	0
1007 I/A Rcpts		50.0										
This increase is to receive Interagency Receipts from the Division of Senior Services for the PASS grant.												
These funds will be used to complement the Council's recruitment and retention activities (e.g. developing a public information campaign to increase the respect and value of direct service workers; establishing a direct service worker association; coordinating recruitment efforts and sharing innovative recruitment strategies across agencies).												
Totals		6,839.9	1,293.3	601.6	4,879.2	49.2	16.6	0.0	0.0	19	0	6

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maniilaq Social Services (271)
RDU: Maniilaq (87)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1004 Gen Fund	Enl Auth	843.9	0.0	0.0	0.0	0.0	0.0	843.9	0.0	0	0	0
<hr/>												
Subtotal 843.9 0.0 0.0 0.0 0.0 0.0 843.9 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU component												
1004 Gen Fund	Trin	843.9	0.0	0.0	0.0	0.0	0.0	843.9	0.0	0	0	0
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
<hr/>												
Totals 1,687.8 0.0 0.0 0.0 0.0 0.0 1,687.8 0.0 0 0 0												

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maniilaq Public Health Services (272)

RDU: Maniilaq (87)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Enl Auth	901.3	0.0	0.0	0.0	0.0	0.0	901.3	0.0	0	0	0
1004 Gen Fund		901.3										
<hr/>												
	Subtotal	901.3	0.0	0.0	0.0	0.0	0.0	901.3	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU component												
	Trin	901.3	0.0	0.0	0.0	0.0	0.0	901.3	0.0	0	0	0
1004 Gen Fund		901.3										
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
<hr/>												
	Totals	1,802.6	0.0	0.0	0.0	0.0	0.0	1,802.6	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maniilaq Alcohol and Drug Abuse Services (273)
RDU: Maniilaq (87)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Enl Auth	983.1	0.0	0.0	0.0	0.0	0.0	983.1	0.0	0	0	0
1004 Gen Fund		427.7										
1007 I/A Rcpts		33.0										
1037 GF/MH		522.4										
	Subtotal	983.1	0.0	0.0	0.0	0.0	0.0	983.1	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	950.1	0.0	0.0	0.0	0.0	0.0	950.1	0.0	0	0	0
1004 Gen Fund		427.7										
1037 GF/MH		522.4										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
	Totals	1,933.2	0.0	0.0	0.0	0.0	0.0	1,933.2	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Maniilaq Mental Health and Developmental Disabilities Services (274)

RDU: Maniilaq (87)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1037 GF/MH	Fnl Auth	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
		350.0										
Subtotal		350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1037 GF/MH	Trin	350.0	0.0	0.0	0.0	0.0	0.0	350.0	0.0	0	0	0
		350.0										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
Totals		700.0	0.0	0.0	0.0	0.0	0.0	700.0	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Norton Sound Social Services (276)
RDU: Norton Sound (88)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1004 Gen Fund	Enl Auth	62.2	0.0	0.0	0.0	0.0	0.0	62.2	0.0	0	0	0
Subtotal		62.2	0.0	0.0	0.0	0.0	0.0	62.2	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1004 Gen Fund	Trin	62.2	0.0	0.0	0.0	0.0	0.0	62.2	0.0	0	0	0
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
Totals		124.4	0.0	0.0	0.0	0.0	0.0	124.4	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Norton Sound Public Health Services (277)

RDU: Norton Sound (88)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Fnl Auth	1,370.2	0.0	0.0	0.0	0.0	0.0	1,370.2	0.0	0	0	0
1004 Gen Fund		1,271.9										
1037 GF/MH		98.3										
	Subtotal	1,370.2	0.0	0.0	0.0	0.0	0.0	1,370.2	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	1,370.2	0.0	0.0	0.0	0.0	0.0	1,370.2	0.0	0	0	0
1004 Gen Fund		1,271.9										
1037 GF/MH		98.3										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
	Totals	2,740.4	0.0	0.0	0.0	0.0	0.0	2,740.4	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Norton Sound Alcohol and Drug Abuse Services (278)

RDU: Norton Sound (88)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Fnl Auth	540.0	0.0	0.0	0.0	0.0	0.0	540.0	0.0	0	0	0
1004 Gen Fund		290.2										
1007 I/A Rcpts		17.6										
1037 GF/MH		232.2										
	Subtotal	540.0	0.0	0.0	0.0	0.0	0.0	540.0	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	522.4	0.0	0.0	0.0	0.0	0.0	522.4	0.0	0	0	0
1004 Gen Fund		290.2										
1037 GF/MH		232.2										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
	Totals	1,062.4	0.0	0.0	0.0	0.0	0.0	1,062.4	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Norton Sound Mental Health and Developmental Disabilities Services (279)

RDU: Norton Sound (88)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1037 GF/MH	Fnl Auth	402.4	0.0	0.0	0.0	0.0	0.0	402.4	0.0	0	0	0
		402.4										
<hr/>												
	Subtotal	402.4	0.0	0.0	0.0	0.0	0.0	402.4	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1037 GF/MH	Trin	402.4	0.0	0.0	0.0	0.0	0.0	402.4	0.0	0	0	0
		402.4										
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
<hr/>												
	Totals	804.8	0.0	0.0	0.0	0.0	0.0	804.8	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Norton Sound Sanitation (280)
RDU: Norton Sound (88)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		
										PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1004 Gen Fund	Enl Auth	96.3	0.0	0.0	0.0	0.0	0.0	96.3	0.0	0	0	0
		96.3										
	Totals	96.3	0.0	0.0	0.0	0.0	0.0	96.3	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Facilities Maintenance (2371)
RDU: Facilities Maintenance (377)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
Conference Committee												
1007 I/A Rcpts	ConfCom	2,584.9	0.0	0.0	2,584.9	0.0	0.0	0.0	0.0	0	0	0
		2,584.9										
Imported from Legislative Finance.												
FY01 Final Authorized												
1007 I/A Rcpts	Enl Auth	2,584.9	0.0	0.0	2,584.9	0.0	0.0	0.0	0.0	0	0	0
		2,584.9										
Subtotal												
		5,169.8	0.0	0.0	5,169.8	0.0	0.0	0.0	0.0	0	0	0
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
1007 I/A Rcpts	ConfCom	2,584.9	0.0	0.0	2,584.9	0.0	0.0	0.0	0.0	0	0	0
		2,584.9										
Imported from Legislative Finance.												
Subtotal												
		7,754.7	0.0	0.0	7,754.7	0.0	0.0	0.0	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Totals												
		7,754.7	0.0	0.0	7,754.7	0.0	0.0	0.0	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: HSS State Facilities Rent (2478)
RDU: Facilities Maintenance (377)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions PFT PPT		NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Conference Committee												
	ConfCom	689.4	0.0	0.0	689.4	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		237.2										
1004 Gen Fund		452.2										
Imported from Legislative Finance.												
FY 01 Final Authorized												
	Fnl Auth	625.0	0.0	0.0	625.0	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		175.7										
1004 Gen Fund		449.3										
Subtotal 1,314.4 0.0 0.0 1,314.4 0.0 0.0 0.0 0.0 0.0 0 0 0												
***** Changes From FY2001 Final Authorized To FY2002 Management Plan *****												
Conference Committee												
	ConfCom	689.4	0.0	0.0	689.4	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		237.2										
1004 Gen Fund		452.2										
Imported from Legislative Finance.												
Subtotal 2,003.8 0.0 0.0 2,003.8 0.0 0.0 0.0 0.0 0.0 0 0 0												
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Rate Increases for Building Rent Pool												
	Inc	53.7	0.0	0.0	53.7	0.0	0.0	0.0	0.0	0	0	0
1002 Fed Rcpts		53.7										
For FY2003, the rates have increased for all buildings within the rental pool.												
Totals 2,057.5 0.0 0.0 2,057.5 0.0 0.0 0.0 0.0 0.0 0 0 0												

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Southeast Alaska Regional Health Consortium Public Health Services (1004)

RDU: Southeast Alaska Regional Health Consortium (89)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
Fy 01 Final Authorized												
1004 Gen Fund	Enl Auth	120.1	0.0	0.0	0.0	0.0	0.0	120.1	0.0	0	0	0
		120.1										
<hr/>												
	Subtotal	120.1	0.0	0.0	0.0	0.0	0.0	120.1	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1004 Gen Fund	Trin	120.1	0.0	0.0	0.0	0.0	0.0	120.1	0.0	0	0	0
		120.1										
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
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	Totals	240.2	0.0	0.0	0.0	0.0	0.0	240.2	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Southeast Alaska Regional Health Consortium Alcohol and Drug Abuse (1005)
RDU: Southeast Alaska Regional Health Consortium (89)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Fnl Auth	331.4	0.0	0.0	0.0	0.0	0.0	331.4	0.0	0	0	0
1004 Gen Fund		179.8										
1007 I/A Rcpts		11.0										
1037 GF/MH		140.6										
	Subtotal	331.4	0.0	0.0	0.0	0.0	0.0	331.4	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	320.4	0.0	0.0	0.0	0.0	0.0	320.4	0.0	0	0	0
1004 Gen Fund		179.8										
1037 GF/MH		140.6										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
	Totals	651.8	0.0	0.0	0.0	0.0	0.0	651.8	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Southeast Alaska Regional Health Consortium Mental Health Services (1411)

RDU: Southeast Alaska Regional Health Consortium (89)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1037 GF/MH	Enl Auth	125.2	0.0	0.0	0.0	0.0	0.0	125.2	0.0	0	0	0
		125.2										

Subtotal		125.2	0.0	0.0	0.0	0.0	0.0	125.2	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1004 Gen Fund	Trin	125.2	0.0	0.0	0.0	0.0	0.0	125.2	0.0	0	0	0
		125.2										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												

Totals		250.4	0.0	0.0	0.0	0.0	0.0	250.4	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Kawerak Social Services (281)
RDU: Kawerak Social Services (90)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1004 Gen Fund	Enl Auth	372.7	0.0	0.0	0.0	0.0	0.0	372.7	0.0	0	0	0
		372.7										
<hr/>												
	Subtotal	372.7	0.0	0.0	0.0	0.0	0.0	372.7	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1004 Gen Fund	Trin	372.7	0.0	0.0	0.0	0.0	0.0	372.7	0.0	0	0	0
		372.7										
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
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	Totals	745.4	0.0	0.0	0.0	0.0	0.0	745.4	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tanana Chiefs Conference Public Health Services (282)

RDU: Tanana Chiefs Conference (91)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Fnl Auth	239.3	0.0	0.0	0.0	0.0	0.0	239.3	0.0	0	0	0
1004 Gen Fund		239.3										
<hr/>												
	Subtotal	239.3	0.0	0.0	0.0	0.0	0.0	239.3	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	239.3	0.0	0.0	0.0	0.0	0.0	239.3	0.0	0	0	0
1004 Gen Fund		239.3										
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
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	Totals	478.6	0.0	0.0	0.0	0.0	0.0	478.6	0.0	0	0	0

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tanana Chiefs Conference Alcohol and Drug Abuse Services (283)

RDU: Tanana Chiefs Conference (91)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Fnl Auth	497.5	0.0	0.0	0.6	0.0	0.0	496.9	0.0	0	0	0
1004 Gen Fund		278.6										
1007 I/A Rcpts		16.5										
1037 GF/MH		202.4										
	Subtotal	497.5	0.0	0.0	0.6	0.0	0.0	496.9	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	481.0	0.0	0.0	0.0	0.0	0.0	481.0	0.0	0	0	0
1004 Gen Fund		278.6										
1037 GF/MH		202.4										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
	Totals	978.5	0.0	0.0	0.6	0.0	0.0	977.9	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tanana Chiefs Conference Mental Health Services (284)

RDU: Tanana Chiefs Conference (91)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
1037 GF/MH	Fnl Auth	534.8	0.0	0.0	0.6	0.0	0.0	534.2	0.0	0	0	0
		534.8										
<hr/>												
	Subtotal	534.8	0.0	0.0	0.6	0.0	0.0	534.2	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1037 GF/MH	Trin	534.8	0.0	0.0	0.0	0.0	0.0	534.8	0.0	0	0	0
		534.8										
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
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	Totals	1,069.6	0.0	0.0	0.6	0.0	0.0	1,069.0	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tlingit-Haida Social Services (285)

RDU: Tlingit-Haida (92)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
Fnl Auth		186.6	0.0	0.0	0.0	0.0	0.0	186.6	0.0	0	0	0
1004 Gen Fund		186.6										
Subtotal												
		186.6	0.0	0.0	0.0	0.0	0.0	186.6	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
Trin		186.6	0.0	0.0	0.0	0.0	0.0	186.6	0.0	0	0	0
1004 Gen Fund		186.6										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
Totals												
		373.2	0.0	0.0	0.0	0.0	0.0	373.2	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Tlingit-Haida Alcohol and Drug Abuse Services (1412)

RDU: Tlingit-Haida (92)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY 01 Final Authorized												
	Fnl Auth	11.9	0.0	0.0	0.0	0.0	0.0	11.9	0.0	0	0	0
1004 Gen Fund		5.9										
1037 GF/MH		6.0										
	Subtotal	11.9	0.0	0.0	0.0	0.0	0.0	11.9	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	11.9	0.0	0.0	0.0	0.0	0.0	11.9	0.0	0	0	0
1004 Gen Fund		5.9										
1037 GF/MH		6.0										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
	Totals	23.8	0.0	0.0	0.0	0.0	0.0	23.8	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Yukon-Kuskokwim Health Corporation Public Health Services (978)

RDU: Yukon-Kuskokwim Health Corporation (93)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY01 Final Authorized												
1004 Gen Fund	Enl Auth	907.4	0.0	0.0	0.0	0.0	0.0	907.4	0.0	0	0	0
		907.4										
<hr/>												
	Subtotal	907.4	0.0	0.0	0.0	0.0	0.0	907.4	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1004 Gen Fund	Trin	907.4	0.0	0.0	0.0	0.0	0.0	907.4	0.0	0	0	0
		907.4										
<hr/>												
	Totals	1,814.8	0.0	0.0	0.0	0.0	0.0	1,814.8	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions
Department of Health and Social Services

Component: Yukon-Kuskokwim Health Corporation Alcohol and Drug Abuse Services (979)

RDU: Yukon-Kuskokwim Health Corporation (93)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	Positions		NP
										PFT	PPT	
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY01 Final Authorized												
	Fnl Auth	959.3	0.0	0.0	0.0	0.0	0.0	959.3	0.0	0	0	0
1004 Gen Fund		508.9										
1007 I/A Rcpts		31.9										
1037 GF/MH		418.5										
	Subtotal	959.3	0.0	0.0	0.0	0.0	0.0	959.3	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
	Trin	927.4	0.0	0.0	0.0	0.0	0.0	927.4	0.0	0	0	0
1004 Gen Fund		508.9										
1037 GF/MH		418.5										
Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.												
In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.												
	Totals	1,886.7	0.0	0.0	0.0	0.0	0.0	1,886.7	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.

Change Record Detail - Multiple Scenarios With Descriptions

Department of Health and Social Services

Component: Yukon-Kuskokwim Health Corporation Mental Health Services (980)

RDU: Yukon-Kuskokwim Health Corporation (93)

Scenario/Change Record Title	Trans Type	Totals	Personal Services	Travel	Services	Commodities	Capital Outlay	Grants, Benefits	Miscellaneous	PFT	Positions PPT	NP
***** Changes From FY2002 Conference Committee To FY2001 Final Authorized *****												
FY01 Final Authorized												
1037 GF/MH	Fnl Auth	907.4	0.0	0.0	0.0	0.0	0.0	907.4	0.0	0	0	0
		907.4										
<hr/>												
	Subtotal	907.4	0.0	0.0	0.0	0.0	0.0	907.4	0.0	0	0	0
***** Changes From FY2002 Management Plan To FY2003 Governor *****												
Reestablish Designated BRU Component												
1037 GF/MH	Trin	907.4	0.0	0.0	0.0	0.0	0.0	907.4	0.0	0	0	0
		907.4										
<p>Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.</p> <p>In FY02, the designated funding for Regional Health Corporation Budget Request Units was moved into the division budget components. Because the infrastructure and financial support for services do not exist outside the Regional Health Corporations in most of the remote locations, the Department is requesting that the Regional Health Corporation BRUs be reestablished and the funds be transferred into the appropriate components.</p>												
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	Totals	1,814.8	0.0	0.0	0.0	0.0	0.0	1,814.8	0.0	0	0	0

Seven Regional Health Corporation Budget Requesting Units were established between 1985 and 1989 to consolidate grants and ensure continuity of selected health and social services in rural regions of the state. These agencies serve their tribal member villages, coordinating and providing multiple critical health and social services with these funds and Indian Health Service funds. In many cases they are the only health care providers in these regions and access to services is open to all. The efficiencies of these long term partnerships help to guarantee delivery of these services in remote areas where there are no other providers available, helping to ensure that qualified staff are retained and necessary infrastructure is supported. Without the contribution of both state and federal resources directed toward this effort, services in these areas would be prohibitively expensive and the state would likely be unable to meet its goals for service delivery to these remote populations.

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